SALISBURY MARYLAND

a. IS RESIDENCE ON A FARM?

YES NO T

19 62

Hours

Middle Blvd.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (Slete)

22b. DATE

(State)

12. CITIZEN OF WHAT COUNTRY?

S

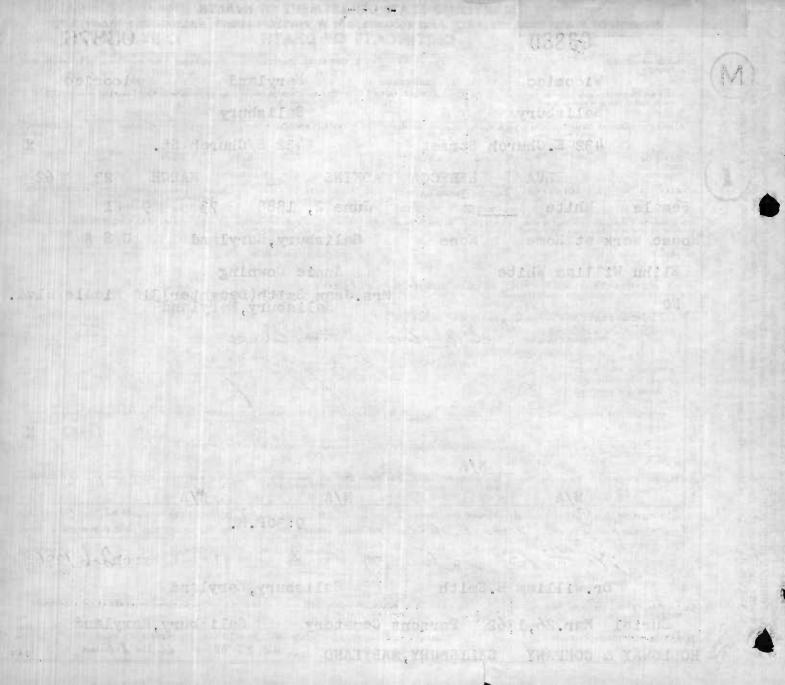
(County)

arthur S. Krous

DATE MAR 2 7 '62

HOLLOWAY &

COMPANY



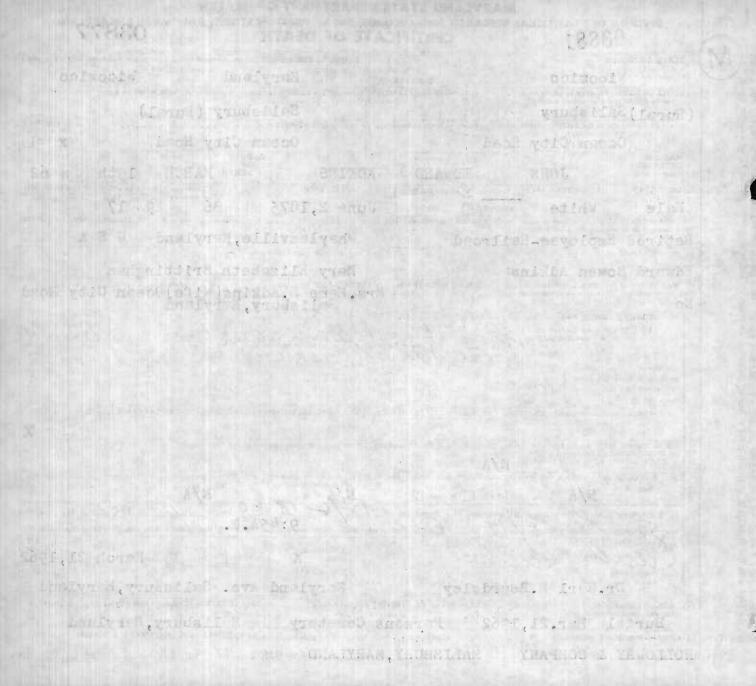
TO HOSE. IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, thin 24 hours after cleath. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and propers. Pages 1 and 2 should director, page 3 should be detached for use as the burial-transit permit. Then please remove can papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

	NYKITUMD STATE DELAKTWELL OL LEN	VE I IT
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
03881	RESEARCH AND RECORDS, 301 W. PRESTON STRE CERTIFICATE OF DEATH	03877

y n								
Ц	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE b. COUNTY						
1	Wicomico MARYLAND	o. STATE Maryland b. COUNTY Wicomico						
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)						
-	write RURAL and give neerest town) (Rural) Salisbury	X Salisbury (Rural)						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE						
	Ocean City Road	Ocean City Road ON A FARM?						
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF						
		ADKINS DEATH MARCH 19th 19 62						
	5. SEX 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.						
		June 2,1875 86 yrs. 9 Days Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR							
Н	done during most of working life, even if retired)							
8	Retired Employee-Railroad	Whaylesville, Maryland USA						
	Edward Bowen Adkins	Mary Elizabeth Brittingham						
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, 1 (Yes, no, or unknown) (Ifyesgive were reference)	's. Mame S. Adkins (Wife) Ocean City Road						
	NO	Salisbury, Maryland						
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Jerualy Causing maluses 6 miles.							
	DICIX DUETO STOP POLICE	in land on Naton						
Н	Conditions, if eny, which	an arterior						
	geve rise to immediate ceuse							
6	(e), stating the underlying Cause last.							
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY						
)	FACE II. O'THE SIGNIFICANT CONDITIONS CONTRIBUTION TO BEAT TO THE	PERFORMED?						
	No.	YES NO X						
1	OR CONTRIBUTING CAUSE OF DEATH	). (Enter neture of injury in Pert I or Pert II of item 18.)						
	IN/A							
	fact	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
	Hour a.m. N/A 19 While Not While at work	N/A N/A						
Я	21. I certify that (I) (this hospital)/ attended the deceased from.	12/60/8 1960 to 3/19 196 that (1) (we) last						
	saw the deceased alive on 3/19 19, and that	deeth occured at 15 Mp from the dauses and on the date stated above.						
õ	222. SIGNATURE							
9	1/12/1/16 / Ser, d/Co.	ATTENDING MED. STAFF PHYS.   March 21,1962						
	20 PHYSICIAN'S	22d. ADDRESS						
	NAME (Dr. Earl M. Beardsley	Maryland Ave. Salisbury, Maryland						
П								
	REMOVAL (Specify)							
		Cemetery Salisbury, Maryland						
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
1	HOLLOWAY & COMPANY SALISBURY, MA	ARYTAND DATE MAR 2 2 '62   Critury S. France						



VR A15 (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03878

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmissio
Wicomico Maryland	o. STATE Maryland Wicomico
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
(Rural) Parsohsburg	X Parsonsburg (Rural)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	# d. STREET ADDRESS   e. IS RESIDENCE
R.D.# Mt Hermon Road	R.D.# 1 (Mt Hermon Rd) YES X NO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer
(Type or print) SALLY ANNIE	ADKINS DEATH MARCH 26th 19 62
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B	. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR
	ec. 26, 1880 Rest birthday) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	
House Work at Home None	Wicomico Co., Maryland U S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John E. Freeny  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   12. 1	Sally E. Morris
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	S. Margie A. Holloway (Daughter) R. B. # : Parsonsburg, Maryland
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Chrance hust	on set AND DEATH
422 DUE TO	- Cauco
Conditions, if eny, which gave rise to immediate cause	
(e), stating the underlying DUE TO	
cause last. (c)	THE PARTY OF THE P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPS PERFORMED?
3 Openaythritis 1 spine -	bedridden 3 yes. YES 1 NO 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED  OF CONTRIBUTING 2 CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert IV of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER) N/A	
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Hour e.m. N/A 19 et work et work	ory, street, office bldg., etc.) N/A
21. I certify that (i) (this nospital) allended the deceased from.	death occurate 50P M, from the causes and on the date stated above
	dearn occured ar
22e. SIGNATURE	ATTENDING MED. STAFF March 29 /196
July House	22d, ADDRESS
Physician's NAME (Type) Dr. Frank R. Lewis	Willards, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	the state of the s
Burial Mar. 29, 1962 Forest Gro	ve Cemetery-R.D. #Parsonsburg, Maryla
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
HOTTOWAY & COMPANY SATISBURY MAD	OVT AND DATE ADD 2 162 Unling & Thrus

Transfer de la financia ILD A Mt Hemoore No. 1 \*\*\* South Said Said HITCHINE . C. WITCHE three is a refer . L. H. (do included in land of a let of the land of t the Cycles and Live Clark and the Arms and the Cycles and the Cycl Linest - mar. 29, 15 dr. Trong T. Usbert descripty - F. V. F. D. School Linest L. Buttone HOLOOPER STODIUS VIEW OF THE PROPERTY OF THE P

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03883 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad. If institution, Residence before admission a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pages NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) 3. NAME OF DATE DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) WIDOWED 1 DIVORCED 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) attending pl Then please 13. FATHER'S NAME 2 requires that the 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detas of service) remova TBENSON ALL 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate causa DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from.... .196.2, and that death occured at 7.4M, from the causes and on the date stated above. saw the deceased alive on. 9 CHATURE ATTENDING PHYS. DIRECTOR M.D PHYSICIAN'S 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. EMOVAL (Specify) 1962000 FELLOWS Cem FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 15M 7/61

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

EAFORD DELAWARE DATE

RYLAND STATE DEPARTMENT OF HEALTH

arthur & House

(County)

24 1962 that (1) (we) last

a. IS RESIDENCE ON A FARM? YES NO

Year

IF UNDER 24 HRS.

PERFORMED? NO 4

(Stete)

22b. DATE

(Stete)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Months

25,880 ė ... EVINERAL CEMENTE HEREZZE EJATHONE CONE TEMPLE WHITE WHITE WAS TO BE TO BE THEY CHAUSE MAN SERBILLY BIVOLI BUNA PRAM THOMAS A CAMONT SWITCH ORREST WELL WELL WELL WITCH Charle of graphic and Track ( 12 of 1823 - 1 are the state ALL MAR 21 Me2000 Par ONE Carn.

1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03880
hours after by the funerand 2 should	1.	PLACE OF DEATH  a. COUNTY  LU COM CO  MARYLAND  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  works RURAL and give nearest town)
ly filled in b ly filled in b s. Pages 1 a hours after a	9	SALISBURY  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  ENINSULA GENERAL HOSPITAL  708 SIXTH STREET  YES NO METERAL TO STREET OF THE PROPERTY
be executed in place and paper. Within 72		NAME OF DECEASED (Type or print)  BEATRICE ELSE HUDELOTTE DEATH MARCH 27 19 62  SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last day) Months Days Hours Min.
physician a eremove ca any event,		EMALE (OORE) WIDOWED DIVORCED VC S 407 32 (73.   )  B. USUAL OCCUPATION (Giva kind of work one during most of working life, avan if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Country & State, or foreign, country) 12. CITIZEN OF WHAT COUNTRY?  HOUSE WIFE MADEN NAME
if the death a attending Then pleas oval, and in	15 (Y	Was deceased ever in u.s. Armed Forces? 16. Social Security No. 17. INFORMANT  Address  Addre
o law requires than ording physician. een signed by the al-transit permit. Tremation, or rem		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which  gava risa to immediate cause
AN: The also are has bare has burial, o	NO	(a), stating the underlying DUE TO  cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PHYSICI the hospita this certific for use as of the prior to	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
CENDING etained by OR: After on detached opt. of Head	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour s.m.  p.m.  19  20d. INJURY OCCURRED OF INJURY (Homa, farm, factory, street, office bidg., etc.) factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 3.3.5.1., 1962, to 3.3.7., 1962 that (I) (we) last
AL OR ATI		saw the deceased alive on 3-27 1967 and that death occured at 1640, from the causes and on the date stated above.  22a. SIGNATURE  William R. Golden M.D.  ATTENDING MED. PHYS. DIRECTOR PHYS. 3-2762  22d. ADDRESS  22d. ADDRESS
director, pa	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State)
VR A1S (4) 1SM 7/61	2	FUNDRAL DIRECTOR'S SIGNATURE  ADDRESS

06850 Princetic Hear inte Maryland USA.

Nestey Stungs - Water Reemel Chille Burgel 3 30 62 Hall's Hill Com Start Ward Land Ward Charles Value

funeral hours after by the filled in by Pages 1 and detache DIRECTOR: FUNERAL

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, dive street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DATE Month Yeer DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) I=R- DELMIAR-M INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause oper line for (e), IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate ceuse DUE TO (e), stating the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO L 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 19...., to....., 19....., that (I) (we) last 21. I certify that (1) (this hospital)/attended the deceased from...... 160 2 and that death occured at 2 M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE MED. SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

23c. NAME OF CEMETERY OR GREMATORY

VR A1S (4)

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

23a. BURIAL, CREMATION, 23b. DATE THEREOF

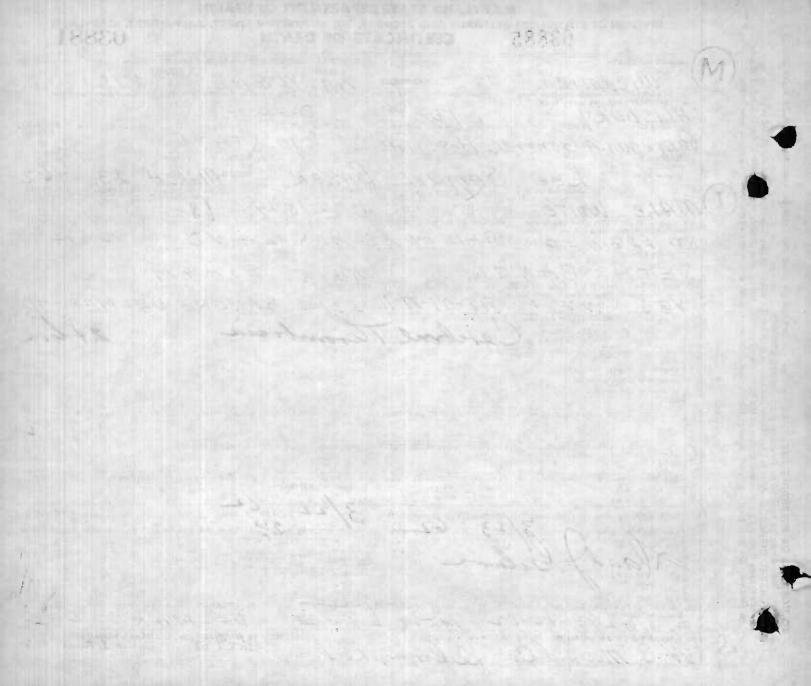
REMOVAL (Specify)

258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAR 2 7 162 Chiling S. Thomas

(Stete)

23d. LOCATION (City, town or county)



TO HOSPIT

VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03882 **DIVISION OF** 

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whe			ce before edmission)
Wicomico	MARYLAND	a. STATE	b. COUN		
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		RURAL and give	
write RURAL and give nearest town)	2 D	X Dames			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	2 Days	A Parson	isburg		e. IS RESIDENCE
		d. STREET ADDRESS			ON A FARM?
Deer's Head State					YES NO
3. NAME OF First DECEASED	Middle	Last 4. DA	TE Month	n Day	Yeer
(Type or print) Dale	\$60 pag \$40 mm ma ma ma		ATH Marc	h 10	19 62
5. SEX 6. COLOR OR RACE 7. MARRI	ED X NEVER MARRIED   8	DATE OF BIRTH	9. AGE (In yeers		IF UNDER 24 HRS.
Male   White   widow		May 24, 1911	last birthday) 50 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & Stet	e, or loreign country)	12. CITIZEN O	F WHAT COUNTRY?
Self-employed	may para pup	Kansas		TI	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			W#
Honsey II Downey		A 0.23			
Henry H. Berger  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17, I	Anna OIA	leara Address		_
(Yas, no, or unkown) (Ifyesgivawarordetesofservice)					
No   ***   36	01-03-1233	Hospital Records	Salis		
18. CAUSE OF DEATH (Enter only one cause per	fine for (e), (b), end (c).		. 11		ERVAL BETWEEN
IMMEDIATE CAUSE (a)	aremoma	1/ lung -	sight		mon
DUE TO .	./	10 1	1		
Conditions, if any, which	17 mullis	ele mitante	de s		
geve rise to immediate cause	1		acc.		
(a), stating the underlying DUE TO					
cause last. (c)	TRIGITAL TO STATE OF THE				
PART II. OTHER SIGNIFICANT CONDITIONS CO	NIRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(e)	PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				١	res NO
PART II. OTHER SIGNIFICANT CONDITIONS CO.  200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	(Entar nature of injury in Part I or I	Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year   20d.	INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm, 1 20f.	(City or town)	(County)	(Stete)
Hour a.m. Whil	eNot While fach	pry, street, office bldg., etc.)			,
		2/8/60	2/70/	60	(1) ( ) (
21. I certify that (I) (this hospital) atten					
	219, and that	death occured at LiM,	from the causes	and on the da	ite stated above.
22e. SIGNATURE	, ,	ATTENDING MED 254	·M. STAFF		22b. DATE SIGNED
held da	wey M			March	10, 1962
22c. PHYSICIAN'S		22d. ADDRESS			, , , , , , , , , , , , , , , , , , , ,
NAME (Type) Lee L. Lawr	y, M.D.	Deer's Head S	tate Hosp	ital - Sa	lisbury Mo
23a, BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		LOCATION (City, tox		(State)
Burial Mar. 12, 1962	Wicomico Mem	orial Park So	lisbury. M	C	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		GISTRAR 256. REC	aryland SISTRAR'S SIGNAT	URE
Hill & Johnson Co., Sali	sbury, Marylan	d DATE MAR 1 3	'62 a	Thur S. Kras	LA.

Collections of sert medical or The state of the s

1			MARYLAND STATE DEPA	ARTMENT OF HEALTH	
			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 30  12887 CERTIFICATE	OI W. PRESTON STREET, BALTIMORE I	MARYLAND
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s after funeral should	M		PLACE OF DEATH D. COUNTY /	USUAL RESIDENCE (Where deceased lived, If institute a., STATE b. COUNTY)	lion: Residence before admission
न् नित्र			D. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	MARILAND	ORCGSTON
by de de	36.		writa RURAL and give neerest town)	c. CITY OR TOWN (If oulside corporele limits, write RUR.	AL and give neerest town;
hin 2 ed in ges 1 after	90	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	I . IS RESIDENC
Page Page		1	PRING HILL SANITARIUM	VILASH IN GTONO ST	ON A FARM
etely sers. 2 hc			NAME OF First Middle	Lest 4. DATE Month	Dey Year
pap pap			(Type or print) CARLETON	VICCH DEATH MA	2.14 1962
e e e		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DA	to a bout to a	NDER 1 YEAR   IF UNDER 24 HRS
te b car		10		3RT. 21, 1011 82 yrs.	
certifical hysician remove any eve		do	. USUAL OCCUPATION (Give kind of work puring most of working life, even if retirad)	11. BIRTHPLACE (County & Stete, or foreign country)	2. CITIZEN OF WHAT COUNTR
		13.	FATHER'S NAME	MOTHER'S MAIDEN NAME	0,3,17
th gasenini	(T)		JAMES BIRCH	MEAH E. CROPPER	
e dea tendin en ple l, and	0	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFO		A 1/
the at The The		(10	s, no, or unkown) (lifyes give wer or dates of service)	es. CARL C. BIRCH	BERLINI
s the ian. ny th mit.			18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).)		INTERVAL BETWEEN ONSET AND DEATH
ysic ed b per per			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Palmonary E	demen	
rec sign sign ansiti			502.0 DUETO		
dinding al-tr			Conditions, if any, which (b) Or Juliu On gava rise to immediata cause	a ( $e$	
The atter as b buri			(e), steting the undarlying DUE TO Couse lest.	nd Plasonie Bronch	utio
te h	1	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPS
CCI.		CERTIFICATION			YES NO
recerbing the spring		RTIFIC	2D8. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (En OR CONTRIBUTING   CAUSE OF DEATH	nter neture of injury in Part I or Pert II of item 18.)	
this alth			(IF EITHER, NOTIFY MEDICAL EXAMINER)		
ING d by After ache f He		MEDICAL	Hour e.m. While Not While factory,	OF INJURY (Home, farm, 2Df. (City or town) street, office bldg., etc.)	(County) (Stata)
TENDII retained OR: Al be deta bept. of		ME	p.m. 19 at work et work	10 19 1063 March 111	1067 11 10 1 11
TT. OTO Dep			21. I certify that (I) (Non-hospital) atlended the deceased from	ath occured a MM, from the causes and	, 1962, that (I) (we) la
REC hould			saw the deceased alive on INIANCU (3 19.0.2, and that de		, 22b. DATE
e 3Dao			Thomas C. Hell & M.D.	ATTENDING MED. STAFF PHYS.	3/17/8GN
RAI BAI Bage ith			22c. PHYSICIAN'S NAME (Type)	22d ADDRESS OF 11 OF So	Ish made
HOSPITAL Page 4 FUNERAL ector, page filed with th	1		<u> </u>	Time Diaj Ka, Sa	risisore i Irla
		23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	0	county) (State)
P. S. S. S.	0	24	EUNERAL DIRECTOR'S SIGNATURE	136R LI N	AR'S SIGNATURE
VR A15 (4) 15M 9/60	ah:	27	Dune A. Burge Buln	V 1 10 0 2 100	un S. Kraus
	1480	-			

12220 A THE WORLD ON A SUPERIN THE STATE OF THE SOUND ATTACK A TO SECURE BUTTE WAS AN HEALY IN WHAT ARE SHAT TO WISH 2 CHRE CARRETEN GLACK MAR IT I CO X W M 52 pt. 21, 1879 pre BERLIN NIO US A JAMES BIRCH SACAM E. CROPPER MAS COL CAREH BECKING X.V BURIAL SITILE BOWERS BEAUN Dune P. Bully Bully Person Miles

	1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 V	V. PRESTON STREET, BALTIMORE 1, MARYLAND
	$\times$		03888 CERTIFICATE OF	DEATH 03884
after Tunera			COLINIEV	AL RESIDENCE (Where deceased lived, If institution: Residence before admission)
5 6 0 E			WICOMICO MARYLAND	MARYLAND 6. COUNTY WICOMICO
4 ho by the and deat			write RURAL end give neerest Jown)	Y OR TOWN (If outside corporate limits, write RURAL and give neerest town)
2 E = 5	25	0	ALISDURY 4 Days XE.	DE N  SET ADDRESS  O. IS RESIDENCE
filled Pages	~	1	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give; street eddress)	ON A FARM?
letely pers. 72 hou		3.	NAME OF First Middle L	est 4. DATE Month Day Year
ecute paper 72			DECEASED (Type or print) (TOO DOLE his Dil	JC DEATH MARN H 75 1967
ithir		5.	SEX   6. COLOR OR RACE   7. MARRIED   B. DATE OF	
and carl nt, w	000	11	DALP MCGRD WIDOWED DIVORCED Dec. 7	last birthday) Months Days Hours Min.
icate cian cian ove		10a do		HPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
certificat physician s remove	,		Labor   Saw Mill   Pri	ncess Arne, Md US A.
£ 08.4	1	-		IER'S MAIDEN NAME
e death tending an please l, and in			ydney Bivens   Mary WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMAL	Hereig Address
afte Ther val,	79	(Ye	s, no, or unkown)   (If yes give war or detes of service)	Bivers.Princess Anne,Md
thal in. the iit.			1B. CAUSE OF DEATH [Enter only one cause ger line for (e), (b), end (c).]	1 INTERVAL BETWEEN
sicia d by perm or i			PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	ONSET AND DEATH
phy phy igne igne isit ifon,			S 93 X DUE TO	
ding ding en s l-tra ema			Conditions, if any, which (b)	
The stendard			gave rise to immediate cause (e), stating the underlying DUE TO	
or a or a he ha the the buria		_	couse lest. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED I	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY
as as to	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO SEATH BUT NOT RELATED I	PERFORMED?
hospital certifical r use as prior to		TFIC.	20e. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED. (Enter netu	
PH the this for		SE SE	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NG by ther thea Hea	2.	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY While Not While fectory, street, o	RY (Home, ferm, ' 20f. (City or town) (County) (State)
NDII ined ined deta deta		MED	Hour a.m.  p.m.  While Not While fectory, street, o	1
TEN TOR De d	A		21. I certify that (I) (this hospital) attended the deceased from	
be ould		9	/ / /	cured at J.AM, from the causes and on the date stated above,
OH DIE Sh			220. SIGNATURE	
TA PE	- /		222 PHYSICIAN'S 11 2 7 1 1 2 2 d.	ADDRESS / PHYS.
HOSPA ith. Page 4 FUNERAL sctor, page filed with t			NAME (TYPE) UAICICILE MEATICIVI	226 W. Kerson & bulleting
HO HO			BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION (City, town or county) (Slate)
04 2 3		I	REMOVAL (Specify) 4/I/62 St Mary	West Post office, Md
VR A15 (4)	1	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
15M 7/61	no.		illiam H. James Jr. Princess Anne Md	DATE APR 3 '62 Chilmy S. Krana

MARYLAND STATE DEPARTMENT OF HEALTH

1886.0

pletely filled in by the funeral n 24 hours after TO HOSPITA. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a set of the hospital or attending physician.

TO HOSPITA. Page 4 may be retained by the hospital or attending physician.

TO FOREMAL DIRECTOR: After this certificate has been signed by the attending physician and pletely filled in by off-ector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon appers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every. Within 72 hours after dept. VR A15 (4) 15M 9/60

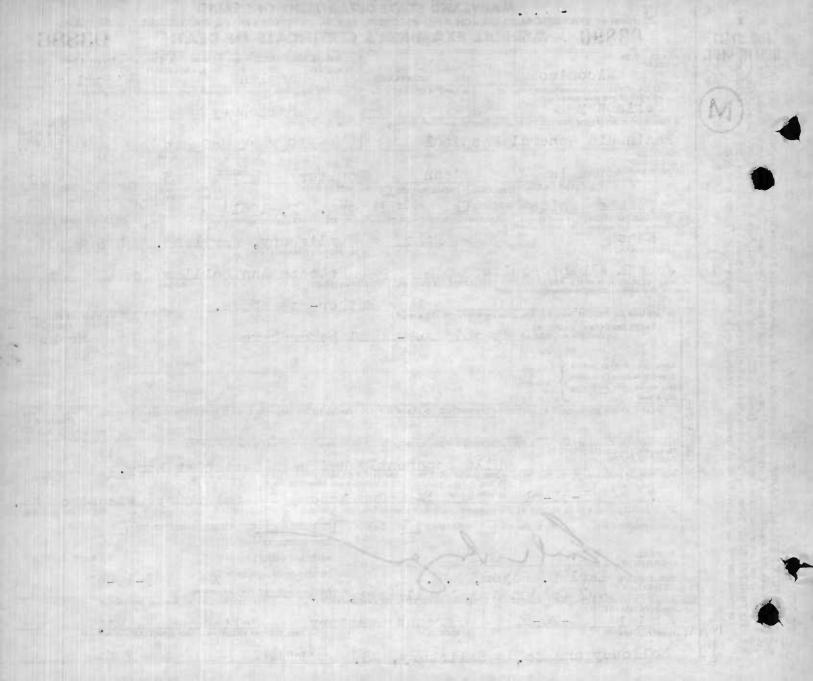
	03889 CERTIFICATI	E OF DEATH				03885
	PLACE OF DEATH a. COUNTY	2. USUAL RESIDEN	CE (Where de			ence before admission
	Wicomico Maryland	a. STATE	d	b. COUN		ina
	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	Marylan		orata limits, write	RURAL and give	
	write RURAL end give nearest town) Since 8/23/58	Goldsbo	~~		^	51.7
8	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	1.0			I . IS RESIDEN
Y						ON A FARA
	ine Bluff State Hospital	Biltova				YES NO
5.	NAME OF DECEASED (Typa or print) Elsie Margaret	Borg	4. DATE OF DEATH	March	and 10	19 62
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B	. DATE OF BIRTH	9.	AGE (In years		
F	emale White WIDOWED DIVORCED	8/8/1888		letairthday)	Months Day	Hours Min
loi do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if refired)	Y 11. BIRTHPLACE (Cour	ly & Stele, or	foraign country)	12. CITIZEN	OF WHAT COUNT
-	None	New York			USA	
13.	FATHER'S NAME (Pirst name	14. MOTHER'S MAIDEN				Table In a Time
1	TIMELM Schutz unknown.)	Bertha Ga	nshorn			
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1			Address		
(Ye	s, no, or unkown) (Ifyesgive werordetes of service)	cords of Pi	na Blu	ff Stat	e Hosn	ital
L	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Cords of 11	ne nru	11 Stat		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:					ONSET AND DEATH
	IMMEDIATE CAUSE (0) Pulmonar	y tuberculo	sis			7 yrs.
	O DUE TO					
	Conditions, if any, which (b)					
	geva risa to immediate cause DUE TO					
	cause lest.					
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPS
ATIC	D1 1 4 - 16 114 -					PERFORMED?
CERTIFICATION	Diabetes Mellitus  200. ACCIDENT WAS UNDERLYING     200. DESCRIBE HOW INJURY OCCURED	(Enter natura of injury in	Part Lor Part II	of item 18.)		
EKI	OR CONTRIBUTING CAUSE OF DEATH	. (Line) halded of injury in	1 411 1 01 1 011 11	0. 1.01 10.,		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				10 . 1	(5, )
MEDICAL		CE OF INJURY (Home, ferr ory, street, office bldg., etc		or town)	(County)	(Stata)
MEL	p.m. 19 et work et work					
	21. I certify that (1) (this hospital) attended the deceased from.	Aug. 23,	1958., to.	March3	1, 196	2 that (1) (we)
	saw the deceased alive March 31 19 62, and that	death occured 4:	30% from	the causes	and on the	date stated abo
	22a. SIGNATURE					22L DAT
	Can'th'		MED. DIRECTOR	STAFF PHYS.	March	31, 1962 Sign
	22c, PHYSICIAN'S	22d. ADDRESS				
	NAME (Type) E. P. Ritchings	Salis	bury,	Marylan	ıd	
22	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY			ATION (City, to		(Stele)
4	REMOVAL (Seecity) Gar 3, 1962 Deuts	TW TW	1	Lento	an M	rd .
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	/ / 25a. RE	C'D BY REGIST	TRAR 25b. RE	GISTRAR'S SIGI	NATURE
-4	Fredly or to low	alex DATE	APR 5	'62	Orthur S.	Trace
	A veolet son J	DAIL	APR 5	061		

MARYLAND STATE DEPARTMENT OF HEALTH

Elye Thomas The state of the s

FOR STATE	03890 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	03886
HEALYN DEPT.	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: R	esidence before edmission)
Ssary,	Wicomico Maryland	Maryland b. COUNTY Wi	comica
	b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	COMICO
director.	write RURAL end give neerast town) Salisbury	13	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	Salisbury d. Street Address	I e. IS RESIDENCE
delay	Peninsula General Hospital	312 Park Heights	ON A FARM?
fun fun sine ath	3. NAME OF First Middle	Last   4. DATE Month	Dey Year
retractive the	OFFICE ANGLA Jean	Boulter DEATH 3	7.0 10 00
affe t	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	19 19 62 YEAR   IF UNDER 24 HRS.
dea nd 1	Female White WIDOWED DIVORCED	last birthday) Months   [	Days Hours Min.
fter of 2, and 5 md 2 hour	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	23 2702	17   ZEN OF WHAT COUNTRY?
s 1, s 1, age 1 ar 1 ar 7.2	done during most of working lifa, even if retired)		
24 hour Page PM3. P Pages Mithin	None None None	Salisbury, Maryland,   U	S A
	Togonh Albert Davitor		
8. Giv	Joseph Albert Boulter  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Rebecca Ann Collins INFORMANT Address	
	(Yes, no, or unkown) (Ifyesgive war or detas of service)		
ltem with perm any	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	Father- as above.	INTERVAL BETWEEN
li in long long ansit ad in	PART I DEATH WAS CAUSED BY.		ONSET AND DEATH
alcillaria and and and and and and and and and an	MMEDIATE CAUSE (6) Chronic sub-dur	'al hemorrhage	- Weeks
Ild b	DUE TO		
should g'' in s Offi a buri emov	Condillons, if any, which (b)		
din din	(a), steting the undarlying DUE TO		
"pen "pen xamii used ion,	Cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART	11 11 10 11/15 11/15000
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  208. EXPERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
word word dical E	20- EMEDIAL CALISE WAS 200 DESCRIBE HOW INTERVOCATION	(Enter natura of Injury in Part I or Pert II of item 18.)	YES NO 1
Me Ahou	206. EXPERNAL CAUSE WAS PRIMARY OF OCUTRIBUTING CAUSE OF DEATH.		
ing ing buri	linila annananti	y had been beaten at home. ACE OF INJURY (Home, form, 20f. (City or town) (Coun	4.1
writing writin writing writing writing writing writing writing writing writing	Hour e.m. While Not While	ACE OF INJURY (Homa, ferm, ' 20f. (City or town) (Counctory, street, office bldg., atc.)	ty) (Steta)
cate, cate, to the prior		n home   Salisbury Wic	comico Md.
d to	21. I certify that I took charge of the remains described above, h		and in my opinion
Ser	death resulted from: Matural causes . Accident . Sui	cide . Homicide . Undetermined manner	
MEDI te the c forwar L DIRI	ACTUAL FOR S	CHIEF MEDICAL EXAMINER	
	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SEPUTY I See execute should be for FUNERAL its designal	examiner's Earl L. Royer, M.P.	DEPUTY MEDICAL EXAMINER 7	-62
se ex should FUNE its des	220. BURIAL, CREMATION, 226. BATE THEREOF AV 922. NAME OF CHIEFT	PRICER MATORY 22d. LOCATION (City, town, or country)	(State)
4 O Q	REMOVAL (Specify)		(State)
HH	Burial   3-20-62   Parsons Ce	emetery Salisbury M	SNATURE
VS. AISME 5M 9/60			
24 2100 B	Holloway and Co. Salisbury, M	d. DATEMAR 2 2 '62   Quilley & f	Saud

. . . . MARYLAND STATE DEPARTMENT OF HEALTH



filled in E

and

physician

please

Then please

C

removal

20 0

VR A15 (4)

15M 7/61

requires that the death certificate

RYLAND STATE DEPARTMENT OF HEALTH

1 17 3 TATE OF THE PART OF THE PART Lottening, Sycines Chemist Company Lieutors, palments mater 30 felent housed and an aced dem lengt, word again to the State of the adin No. 27 /2962 Firemen's Venetary Sangatary and Law Law Law POLICENT & COLLARY CHARLESTERS AND TOTAL CO.

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Page b. COUNTY Wicomico Delaware MARYLAND director. b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) for your Salisbury Dagsboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Peninsula General Hospital 3. NAME OF Middle Last 4. DATE Month DECEASED OF (Type or print) Robert. LeCompte Bunting DEATH 3-8-62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED aff 5. SEX thin 24 hours and 3. Give Pages 1, 2, and PM3. Pages 5 may pages 1 and 2 will page 1 and 2 will page 1. 72 hours B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR I last birthdey) Months WIDOWED DIVORCED [ 6-20-30 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) laborer Delaware
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME snould be executed within 'g" in pencil in Item 18. Give s Office along with form a burial-transit power. Frank Bunting Jennie Quillen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or detes of service) Dollie Bunting Dagsboro D 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: Crushed skull: and crushed chest. IMMEDIATE CAUSE (0) removal DUE TO Conditions, if eny, which (b) "pending" geve rise to Immediate cause , writing the word "pending" the Chief Medical Examiner's Page 3 should be used as a reform to burial, cremation, or reformation. 0 DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Driver car that ran off the road and hit MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) fectory, street, office bldg., etc.) the R: Pa prior \_8 62 of work of work X Gumboro the certificate, 20 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X execute the culture of the forwarded the for death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER SIGNATURE designat DEPUTY MEDICAL EXAMINER Royer, EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 DEARDERSOTO 240. REC'D HEGISTAR 1246. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60 DATE WAR

IS RESIDENCE ON A FARM?

YES NO

Yeer

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

Sudden

parked

(County)

Del.

cars.

Del

and in my opinion

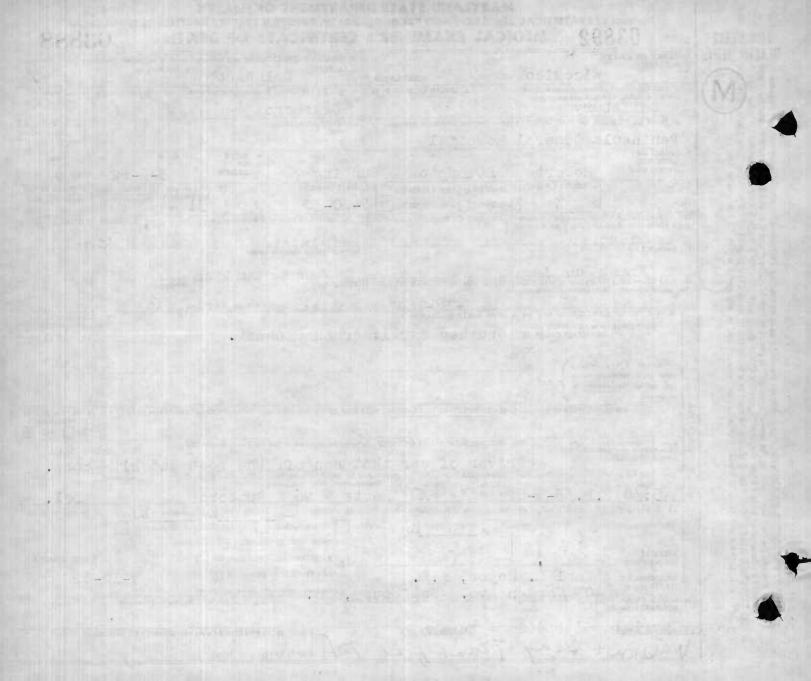
DATE SIGNED

(Stete)

12. CITIZEN OF WHAT COUNTRY?

IL SA.

IF UNDER 24 HRS.



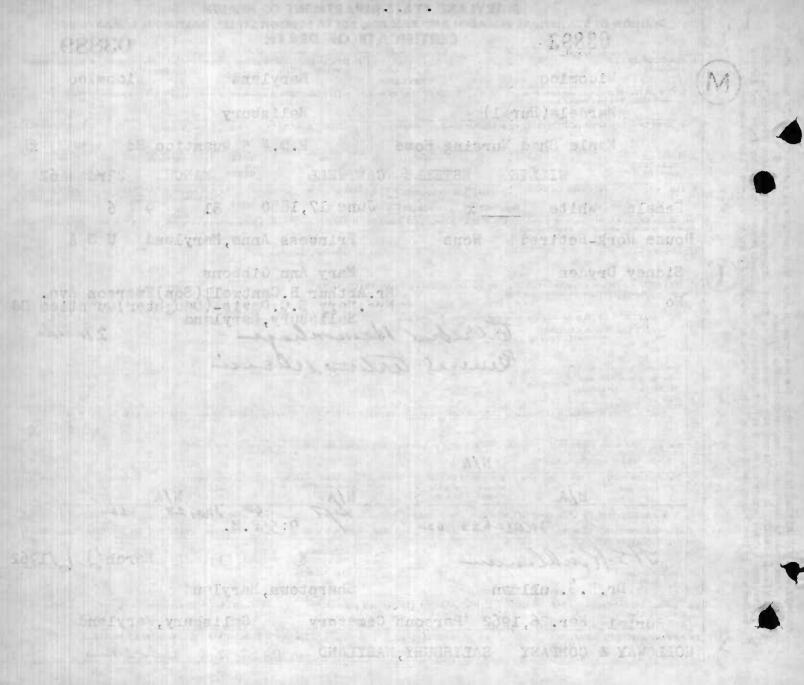
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03893 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in E Pages 1 a Mardela (Rural) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Shad Nursing Home Maple YES NO W letely Quantico 3. NAME OF 4. DATE Year DECEASED OF (Type or print) WILLIE ESTELLE CANTWELL DEATH MARCH 23rd 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months June 17,1880 Female WIDOWED T White DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House Work-Retired Princess Anne, Maryland None 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME Then please pue Sidney Dryden Mary Ann Gibbons 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mr. Arthur B. Cantwell (Son) Emerson Ave. 16. SOCIAL SECURITY NO. (Yas, po, or unkown) (If yes give war or dates of service Mrs. Mary E.C. Davis-(Daughter) Quantico 18. CAUSE OF DEATH Enter only one cause per-lina for (a), (b), and (c).] Salisbury, Maryland þ 2 WELLS PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO if any, which gava risa fo immediafa cause DUE TO (a), stating the underlying CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work p.m DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from... 1962 and that death occurred 2: 55m, offen the causes and on the date stated above. saw the deceased alive on 22e. SIGNATURI ATTENDING DIRECTOR PHYS. March M.D. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Sharptown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, town or county) (Stete) REMOVAL (Specify) Mar. 26.1962 Parsons Cemetery Salisbury, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) HOLLOWAY & COMPANY 15M 7/61 SALISBURY, MARYLAND DATE MAR 2 7 '62 Chilling S. Thous

hours after

quires that the death

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RYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 4/2/USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) HEALTH DEPT. 1. PLACE OF DEATH y is necessary, I director. Page or your files. e. COUNTY b. COUNTY Wicomico MARYLAND Delaware Sussex b. CITY OR TOWN (if outside corporete limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) for your Salisbury Millsboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE Boar funeral ON A FARM? State Peninsula. General Hospital YES TONO 3. NAME OF Middla Last 4. DATE Month Day Yeer DECEASED OF (Type or print) DEATH 3-21-62 19 Edna orence 2, and 3 s 5 may be 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH AGR (In years | IF UNDER 1 YEAR | Isst birthday) IF UNDER 24 HRS. Hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 within 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown) | (If yas give wer or detes of service) Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), .5 ONSET AND DEATH I. DEATH WAS CAUSED BY: and Coronary occlusion with myocardial infarct. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gove rise to immediata cause V3 10 , writing the word "pending" to Chief Medical Examiner's Page 3 should be used as a roburial, cremation, or rer DUE TO (a), stating the underlying Medical Examine should be used a rial, cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F. 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. the St. et work at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: fural causes V Accident Homicide Undetermined manner should be forwarder FUNERAL DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Royer EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) OI 11/LLS BC DC 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 240. REC'D BY REGISTRAR I VS. AISME 5M 9/60 Unius S. Thank

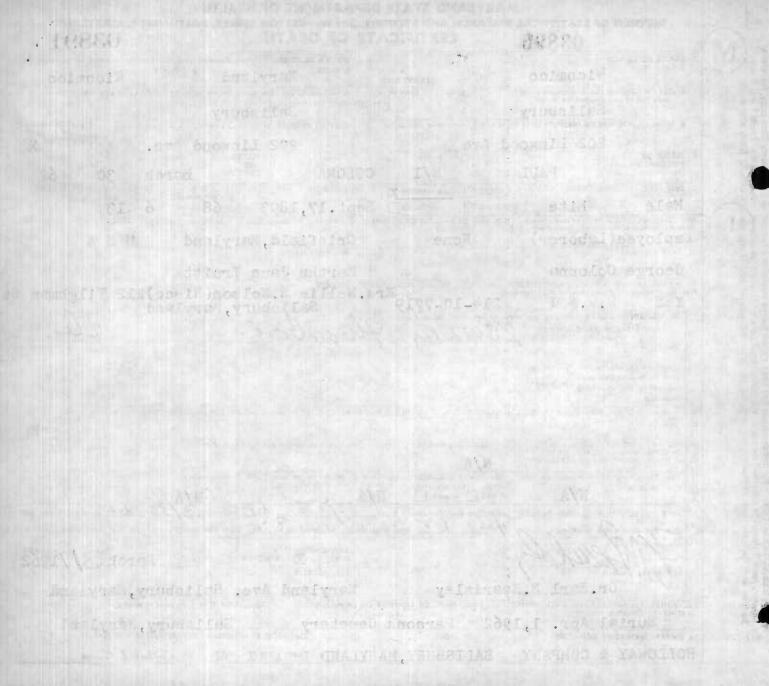
10/25/1908 LAKADRES SALADRES MID. 345. Win Davis ENNIA LENIS ZHELLE HAVE HARF CELLINS STALL 3/28/64 MECHANICS CENETRAL ALLES ELSE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission) a. COUNTY b. COUNTY Wicomico Maryland Wicomico by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest lown) Pages 1 urs after Salisbury .5 -Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 202 Linwood Ave Linwood YES NO W etely 3. NAME OF Middle 4. DATE Year DECEASED OF PAUL N/I (Type or print) COLONA DEATH March 19 62 withi 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. carbo last birthday) Months Male event WIDOWED | DIVORCED 1893 68 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Employee (Laborer None Crisfield, Maryland 13. FATHER'S NAME George Colonna Martha Jane Truitt 16. SOCIAL SECURITY NO. W. INFORMANT Mrs. Nellie R. Nelson (Niece) 212 Tilghman St 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or detes of service) YES Salisbury, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION as PERFORMED? NO X 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour e.m. While Not While N/A et work et work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from.... ..., that (I) (we) last 30 16 and that death occured at M.M., from the causes and on the date stated above; saw the deceased 220. SIGNATURE may 22b. DATE ATTENDING SIGNED STAFF X PHYS. DIRECTOR PHYS. 962 M.D. 22d. PHYSICIAN'S 22d. ADDRESS M. Beardsley Maryland Ave. Salisbury, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)
Burial Parsons Cemetery y Salisbury, Maryland
25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A1S (4) 1SM 7/61 HOLLOWAY & COMPANY SALISBURY MARYLAND arthur & Krous DATE APR 2 162

death certificate be

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH

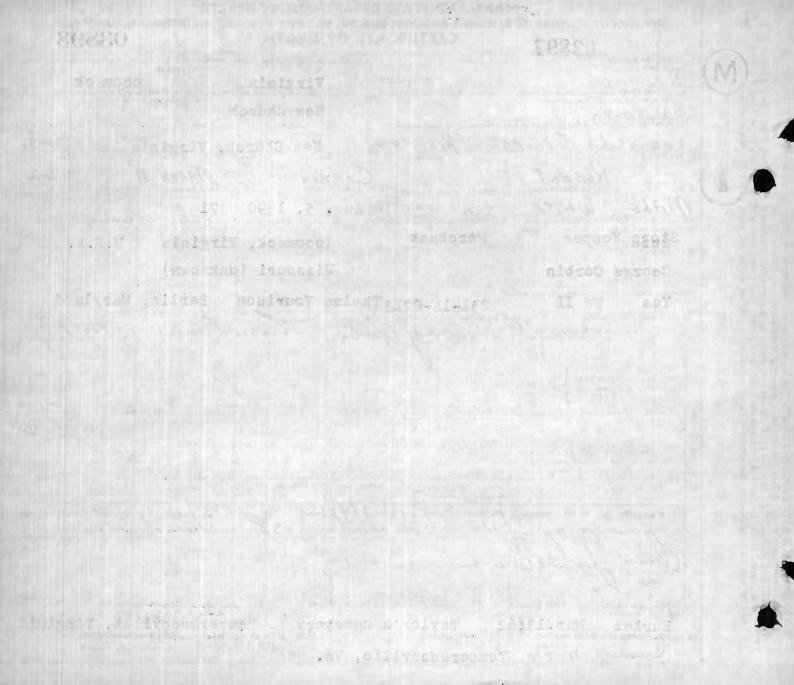


03896 2. USUAL RESIDENCE (Where daceesed lived, If institution, Residence before admission PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND Merset La c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) LISD WI Pa e5 .57 d. NAME OF HOSPITAL OR WASTITUTION (if not in hospitel, give street edgress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES X NO 3. NAME OF 4. DATE Day Yeer Month DECEASED (Typa or print) DEATH 19 IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) and Months Days MALE WIDOWED DIVORCED BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) USA VIRGINIA FARMING FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician. signed by the attending parties of the please ELBER HURT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address BOX 154 17. INFORMANT 16. SOCIAL SECURITY NO. or unknown) | (If yes give wer or detas of servica) COOK INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause er line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: du IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying causa lest. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION BIYEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 7 YES use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm. (Stete) 20d. INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 19 ....., that (I) (we) last saw the deceased alive oh..... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. 4 DIRECTOR PHYS. M.D. ave 22d. ADDRESS PHYSICIAN'S NAME (Type) SALISISURY GILMORE 23d. LOCATION (City, town or county) (Stata) 23c. NAME OF CEMETERY OF 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR SHINERAL DIRECTOR'S BIGNATURE VR A15 (4) 15M 7/61 Chathun & Thomas

TON STREET, BALTIMORE 1, MARYLAND

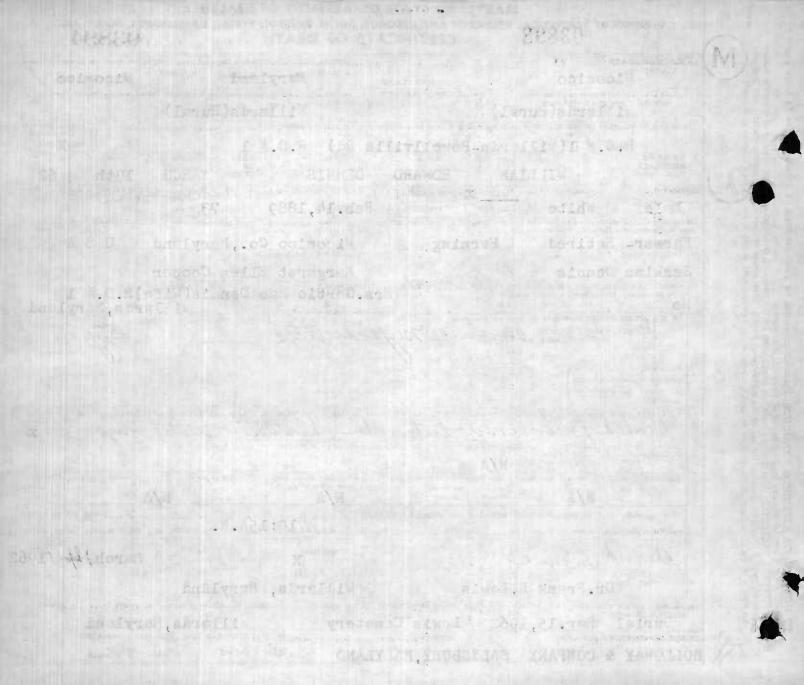
SASKER DINKER LINES DEF LUSTED LAVE ATTENDATES. MES STANIE C. CEPK DESTRUCTED TO STAND DAVID J. GLEMORE SHIP LONG MARYLAND BUREAU JOIL 62 COMON CONFICKY AND LOCOMONE CON MEDI

v2 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARY	LAND
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by the funera and 2 should death.	1. PLACE OF DEATH  e. COUNTY  NICONICO  MARYLAND  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  C. LENGTH OF STAY IN 1b  c. LENGTH OF STAY IN 1b	k
cuted with 24 letely filled in bapers. Pages 1 a 72 hours after of	DALIS BURY  d. NAME OF HOSPITALOR INSTITUTION (if not in hospitel, give street address)  PEN INSULA GENERAL HOSPITAL  3. NAME OF DECEASED  Auddle  New Church  New Church, Virginia  Last  4. DATE  Month  Dev	e. IS RESIDENCE ON A FARM? YES NO Year
physician and s remove carbon p are any event, within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  MALE White WIDOWED DIVORCED Aug. 5, 1890 9. AGE (In years If UNDER 1 YEAR II  Months Deys 71 yrs.	F UNDER 24 HRS. Hours Min. WHAT COUNTRY?
urites that the death ysician. ed by the attending permit. Then please y, or removal, and in	George Corbin    Missouri (unknown)	Land  VAL BETWEEN ET AND DEATH  ALL  ALL  ALL  ALL  ALL  ALL  ALL
AN: The law rect or attending photos been sign the burial-transit burial, cremation	Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause test.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19.	
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ATTENDING be retained b ECTOR: Affe ould be defach ate Dept. of He	20c. TIME OF INJURY Month, Day, Yeer While Not While et work 21. I certify that (I) (this hospital) attended the deceased from 3.4.6.2	stated above
DSPIT. OR Dage 4 may INERAL DIR or, page 3 shoot of with the St	222 SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D  22d. ADDRESS	22b. DATE SIGNED
VR AIS (4) 15M 7/61	236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial Mar.13/62 Taylor's Cemetery Temperanceville, V  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS 25a. REC'D BY REGISTRAR 25b.	RE

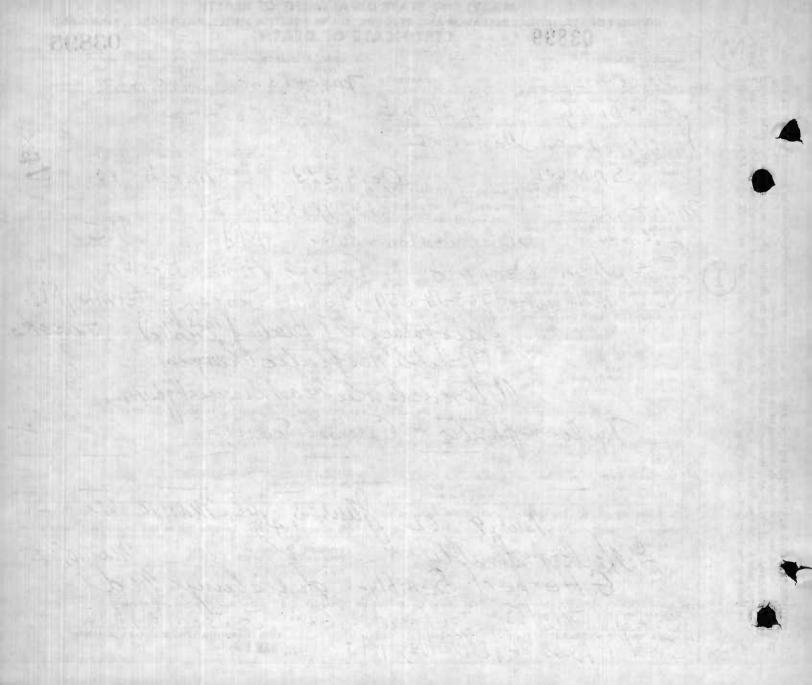


JISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnous 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Wicomico by the and 2 death. Maryland Wicomico MARYLAND b. CITY OR TOWN (it outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lows Willards (Rural) = Willards (Rural) Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1(Willards-Powellville YES X NO Rd) R.D.# 3. NAME OF DATE Month Day Yeer DECEASED MALLIAM EDWARD DENNIS MARCH (Type or print) DEATH 13th 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) S S Male Feb.14.1889 WIDOWED DIVORCED certificate 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farming Wicomico Co., Maryland
14. MOTHER'S MAIDEN NAME Farmer-Retired 13. FATHER'S NAME Jenkins Dennis Margaret Ellen Cooper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? law requires that the 16. SOCIAL SECURITY NO. Mrs. Gertie Mae Dennis (Wife) R.D.# 1 (Yes, no, or unkown) | (If yes give wer or detes of service) No Willards, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Mears . IMMEDIATE CAUSE (e) DUE TO Conditions, if env, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION NO 20a. ACCIDENT WAS INDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) defached WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from...... 19... to....., 19....., that (I) (we) last 15 Arem the causes and on the date stated above. SIGNATURE ATTENDING Bean. eth. Page 4 PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S .Frank R.Lewis Willards, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify)
Burial Mar. 15, 1962 Lewis Cemetery Willards, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 15M 7/61 DATE MAR 1 5 '62 arthur & Thouse COMPANY SALISBURY, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH



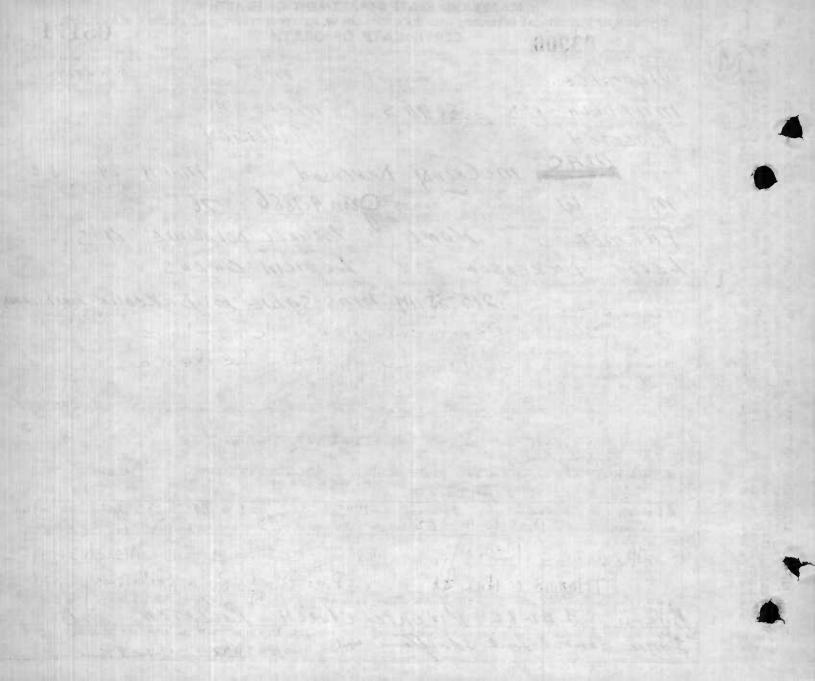
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY d 2 ath. 100m10 MARYLAND WICOMICO b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 CITY OR JOWN (If outside corporata limits, write RURAL end giva nearest town) write RURAL and give nearest town) filled in Pages 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE REET ADDRESS ON A FARM? n 21-YES TO NO NAME OF Middle 4. DATE Month Dev Yee DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS IF UNDER 1 YEAR AGE (In years last birthday) Months Deys Hours WIDOWED physician 104. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CHIZEN OF WHAT COUNTRY? done during most of working life, even if retired) abover Then please 13. FATHER'S NAME MOTHER'S MAIDEN NAME IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes give wer or dates of service) the NOTIA 4B. CAUSE OF DEATH [Enter only one cause per been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, il airy, which gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO A 20a. ACCIDENT W/S UNDERLYING | ZOb. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING/ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Month, Day, Year lactory, street, office bldg., etc.) While Not While Hour e.m. et work at work DIRECTOR: p.m. 21. I certify that (1) (this hopital) attended the deceased from 22a. SIGNAJURI ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D 22d. ADDRES! OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION. 23b. REMOVAL (Specify) 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chilms S. Hears 15M 7/61



### DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY b. COUNTY e. STATE comico MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS 3. NAME OF Middle DATE Lost Month DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED LA NEVER MARRIED 5. SEX AGE (In yeers lest birthdey) WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME E. UICIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORM (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) I. DEATH WAS CAUSED BY: VMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. While et work al work 21. I certify that (I) (this hospital) attended the deceased from March 22e. SIGNATURE OR ATTENDING DIRECTOR PHYS. M.D. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) PRUNC VR A15 (4) 15M 9/60 DATE APR 1

RYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give naerest town) a IS RESIDENCE ON A FARM? YES NO Day Year 19/0 IF UNDER 24 HRS. HE UNDER 1 YEAR Months Davs Hours 12. CITIZEN OF WHAT COUNTRY? DICKEASON. MARDELAM ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19, WAS AUTOPSY PERFORMED? NO (County) (State) to March 29, 1967, that (1) (40) last 22b. DATE SIGNED 23d. LOCATION (City, town or county) (Stete) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Orthur & House



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03901 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) a. COUNTY b. COUNTY WICOMICO by the and 2 death. MARYLAND OMERSE b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL end give nearest town) write RURAL and give nearest town) JALIS BURY Filled in Pages 1 RINCESS NNE d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? tOSPITA YES NO 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH 1962 UDEN 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED and last birthday) Months Days Hours WIDOWED [ DIVORCED physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or foreign country) uring filest of working life, even if retired attending pt Then please r oval, and in a 14 MOTHER'S MANTEN NAME 16. SOCIAL SECURITY NO. 1 17. (Yes I no, or unkown) | (If yes give water dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO North C 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (Slate) factory, street, office bldg., etc.) Not While Hour a.m. While at work at work p.m. CTO 21. I certify that (I) (this hospital) attended the deceased from....... 1.6. ........ 19 /2 That (I) (we) last 19 and that death occurred at 3.4. M, from the causes and on the date stated above. saw the deceased alive on.... may b 228 SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR Relia PHYS. PHYS. M.D PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d. OCATION (City, town or county) 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A1S (4) MAR 2 0 '62 15M 7/61 arihur & Thomas

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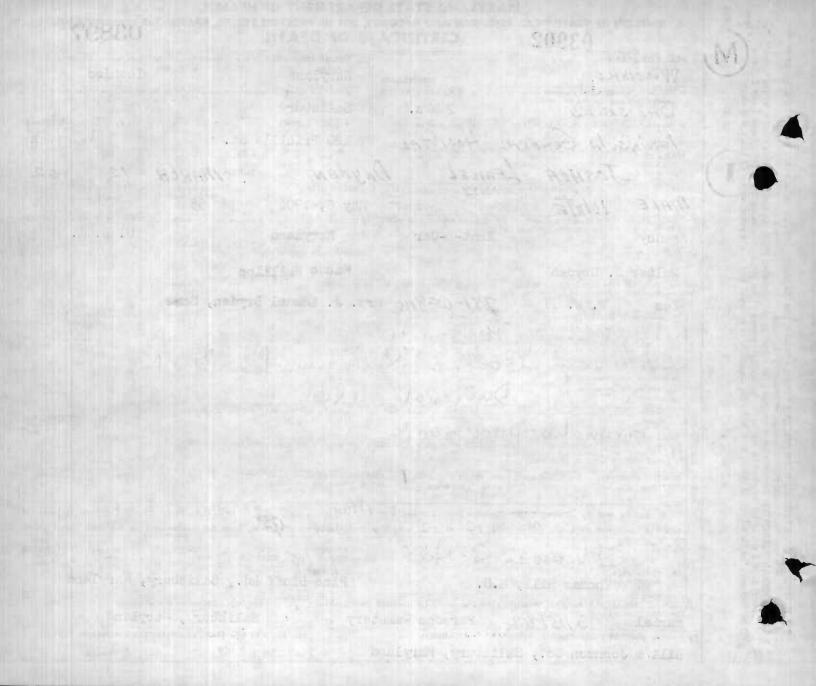
# A HOSPITAN. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a 24 hours after it. Page 4 may be retained by the hospital or attending physician. UNERAL DIRECTOR: After this certificate has been signed by the attending physician and contained in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, capers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03902 CERTIFICATE OF DEATH

1-	00000		
1	PLACE OF DEATH	2. USUAL RESIDENCE (Whare daceasad lived, if Institution: Rasidan	
	a. COUNTY MARYLAND	Maryland b. COUNTY Wicomic	0
	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b water RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and giva	naarest town)
	DALISBURY 2 WKX.	Salisbury 12	
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	PENINSULA GENERAL HOSPITAL	120 Pricilla St.	YES NO
	3. NAME OF First Middle	Last 4. DATE Month Day	Yeer
IL.	(Type or print) JOSHUA LEMUEL DI	RYCEN DEATH /NARCH 12	1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	9. AGE (In years   IF UNDER 1 YEAR   last bighday)   Months   Days	Hours Min.
I	MALE WHITE WIDOWED   DIVORCED	May 8, 1906 55 yrs. Months	Hours Min.
F	IOa. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if ratirad)	Y 11. BIRTHPLACE (County & State, or loraign country)   12. CITIZEN C	F WHAT COUNTRY?
Ι	Agency Rent-A-Car	Maryland U. S.	. A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L	Walter D. Dryden	Maude Phillips	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown)   (Ifyasgivewarordatasofsarvice)	INFORMANT Addrass	
ı	Yes W. W. II 281-05-8110 M	rs. J. Lemuel Dryden, Same	
-	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		TERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis	01	ASEL AND DEATH
	5/4/ O DUE TO O	1 . 0 0	
1	Conditions, if any, which > (b) CTOSTYIC Re	section for Bleeding	
1	gava risa to immediate ceusa	100 00 100 000	
1	(a), stating the underlying DUE TO DUCKERS OF	(0)000	
ı		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
1	TAX II. OTHER SIGNIFICANT CONTINUES CONTINUES TO SERVICE		PERFORMED?
1	Broncho Pheumonia		YES NO ET
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  DIE OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING TO DEATH BUT NO  ACCIDENT WAS UNDERLYING TO  ACCIDENT WAS UNDE	). (Enter natura of injury in Part I or Part II of itam 18.)	
ı	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Homa, farm, ' 20f. (City or town) (County)	(Stete)
١	at work st work	tory, streat, office bldg., etc.)	
١		May 1959, 10 March 12, 1962	1 (1) ( ) 11
ı	21. I certify that (I) (this hospital) attended the deceased from.	208	
1	saw the deceased alive on March 12 1962, and that	death occured at	
	22a. SIGNATURE	ATTENDING MED. STAFF	22b DATE SIGNED
1		A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	112/62
	PHYSICIAN'S NAME (Type Thomas Hill, M.B.	Pine Bluff Rd., Salisbury, Mary	land
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Steta)
	Burial 3/15/62 Parsons Cemet	ery Salisbury, Maryland	MUZLE TELL
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	TURE
	Hill & Johnson Co., Salisbury, Maryland	DATE HAR 1 6 '62 Cirthur S. Ptro	u.a



1	6
FOR ST HEALTH	ATE DEPT.
The Certificate, writing the ward "pending" in pendi is Item, 18. Give Pages 1, 2, and 3 to the funetal director. Page the Certificate, writing the ward "pending" in pendi is Item, 18. Give Pages 1, 2, and 3 to the funetal director. Page 1 be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 mg. retained for your files.  RAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 w. e. State Board of Health, esignated agent: prior to burial, cremotion, or removal, and in any event within 72 hours after death.	M
Cesso eyal direct ned far yo ie Baard o h.	82
ony delay to the fun retain e State	
death. If 2, and 3 to oge 5 mo ond 2 w	
TY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 mo retained RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 will be 5 state estimated agent. prior to burial, cremotion, or removal, and in any event within 72 hours after death.	(I)
vithin 24 h 18. Give 9 with for rmit. File	
il in Item.	
in penering of puriol-	
rificate st "pending licol Exon e used as cremotio	0
R: This cer the word Thief Med should be a burief,	19
writing to the Clarke C	
orwarded arwarded IRECTOR	
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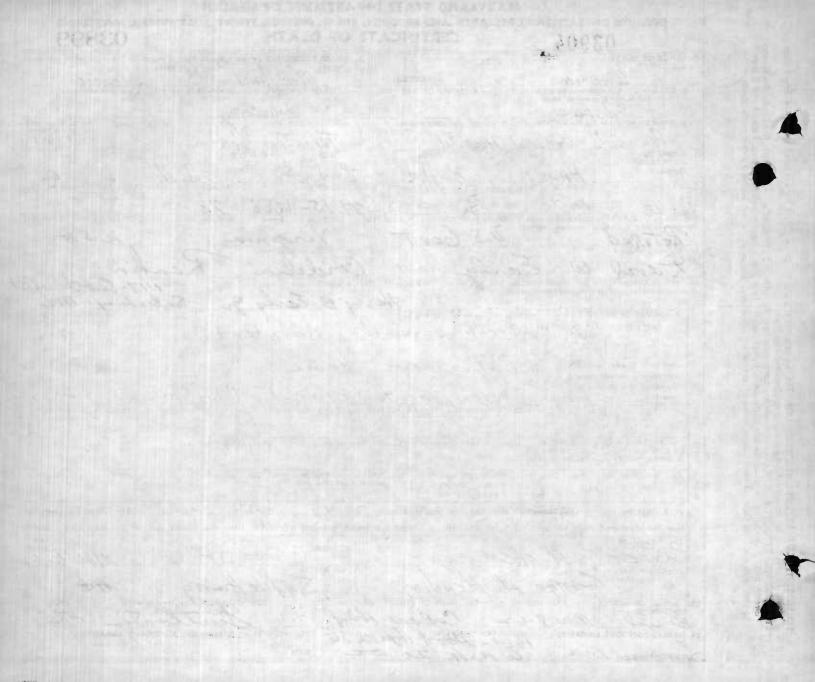
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03903 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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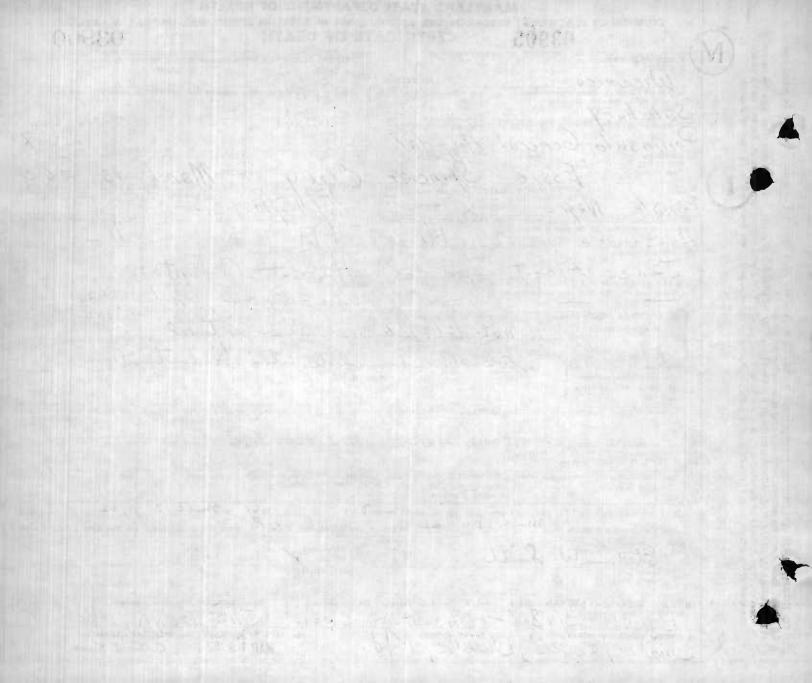
		LACE OF DEATH	comico		MAS	YLAND	2. USUAL RESIDENCE	(Where deced		ution: Residence		n)
)	b	. CITY OR TOWN (If and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY		c. CITY OR TOWN					
	d	. NAME OF HOSPITA	n Gen Ho			rss)	d. STREET ADDRES	S	on Stre	et	e. IS RESID ON A F	ARM?
h	- 1	NAME OF DECEASED (Type or print)	ROBE		TURPIN	I	OUNN	4. DATE OF DEATH	MARCH	9th	Doy Year	62
	5. S	Male	6. COLOR OR RACE White	7. MARRIED			March 30	1901	9. AGE (In years lost birthday) 60 yrs.	Mouths Par	EAR IF UNDER 2	***
	10a	USUAL OCCUPATION CONTROL OCCUPAT	N (Give kind of work of life, even if retired)  for Furns	done 10b. KIN	Co. (Emp	INDUST	1) Birthplace (See) Bivaly	1 ( .	vland		OF WHAT CO	UNIRY?
	13.	FATHER'S NAME Franklin			Joe ( -mjo.	20,7	14. MOTHER'S MAIDE	N NAME	Washbur			
	(Yez.		R IN U. S. ARMED FO (If yes, give wor or dates of		OCIAL SECURITY NO	Mrs.	Audrey I	Mae Du			ohnson	St
		PART I. DEAT	H (Enter only one court was CAUSED BY: MMEDIATE CAUSE (6) DUE TO	11	(a), (b), and (c).	I.	Che	1		8	INVITAL BETWEEN	
	7	Conditions, if or gove rise to immed (o), stating the u couse tost.	nderlying DUE TO									
i	CERTIFICATION	PART II, OTH	EK SIGNIFICANI CON	DITIONS CON	INIBUTING TO DEA	IH 801 M	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	VEN IN PART 16	PERFORME	OPSY ED?
		20g. EXTERNAL CAU PRIMARY TO OF CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	Une	ner of	e	ater nature of injury in I	olved	in cou	lision	n with t	rain
3	MEDICAL	20c. TIME OF INJUR	201	While	JURY OCCURRED Not while of work	facto	E OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (City	den	(County	) (5	md.
			//				Suicide ,		nspection X		X, and i	n my
			Earl L.		Service of the servic	/	M.D. CHIEF MEDICAL	DICAL EXAMINE	M	arch /	DATE SIGN	
0	220	NAME (Type) 40	7 Camden N, 22b. DATE THEREC		Salisbur;				TION (City, town,		(Stole)	
	22	Burial FUNERAL DIRECTOR	Mar.12,	1962 3	opring H	111	Memory Ga	ardens		ury, Ma		
				Z - SA		MAR	YLAND DATE		0	Thur & H		

MARKAND STATE DESCRIPTION OF STALENGER HIARD TO STADING HE SAME SET STATE OF DEATH sent free translation of the second section of the section man and the same of the same o Santanian with the Little teathers plant Colors (2)

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) a. COUNTY b. COUNTY the 12 MARYLAND ramico b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO 3. NAME OF Middle Day Year Month DECEASED DEATH (Type or print) 1962 IF UNDER 24 HRS. 8. DATE OF BURTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED and carbo last birthday) Months DIVORCED 10a, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done dening most of working life, even if retired) 14. MOTHER'S MAJOEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTÉRVAL BETWEEN ONSET AND DEATH ereprovascular IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 21. I certify that (I) (this happing) attended the deceased from 3 - 4 , 1962 to 3 - 6 , 1962 that (I) (ere) last saw the deceased alive on 3 4 6 2 19 ...., and that death occured at 3 MM, from the causes and on the date stated above OR 22b. DATE 22e. SIGMATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION, | 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEMERAL DIRECTOR'S SIGNATURE VR A15 (4) Irlines S. France DATE



7	1	03905 CERTIFICATE OF DEATH	03900	
(IV	y P	LACE OF DEATH 2. USUAL RESIDENCE (Where decee	ased lived, If institution: Residence before edm	nission)
4		WICOMICS MARYLAND B. STATE	b. COUNTY WICOMIC	0
	Ь		te limits, write RURAL end give neerest town)	
2 -	2	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS	C l e. IS RESIL	DENCE
XI.	F	eninsula General Hospital	ON A F	ARM?
	3. 1	NAME OF First Middle Lest 4. DATE OF	Month Day Yeer	-
1		Type or print) ESSIE SPENCEL (1) DEATH	March 13 196	5
1	5.	0 - 1 0/-	GE (In years   IF UNDER 1 YEAR   IF UNDER 24	Min.
1	10e.	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or fore	eign country)   12. CITIZEN OF WHAT COL	UNTRY
	don	during most of working life, even if refired)  OUSE WITE  OWN HOME	9/5	
7	13/	FATHER'S NAME	. /	
		James Albert Spencer Harriett Or	winton	
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no, or unknown) (Ifyesgivewer or detesofservice)	Address DZ	
-	T	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BÉTWI	EEN
		PART I. DEATH WAS CAUSED BY, Metastatic adenocerano - pento	oncel ONSET AND DEA	TH
		172 X DUE TO 21 0 11 1 1	1 -1 .01	
		Conditions, if eny, which ) (b) lideral excurance fieles libre. (e)	iden (mas)	
+		geve rise to immediate cause (e), stating the underlying		
1	NO	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COI		
	CATIO		PERFORM YES NO	
	E :	206. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of CONTRIBUTING   CAUSE OF DEATH	item 18.)	
		IF EITHER, NOTIFY MEDICAL EXAMINER)		
	WEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fectory, street, office bldg., etc.)	town) (County) (Ste	10)
	-	p.m. 19 of work et work 21. I certify that (I) (this hospital) attended the deceased from 22. 1. 1 certify that (I) (this hospital) attended the deceased from 22. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	mch 13 , 19 64 that (1) (we	ردا (د
	- 1	saw the deceased alive on M-L 13 1962, and that death occurred at 10 M, from the	, , , , , , , , , , , , , , , , , , , ,	
	1	22e. SIGNATURE	22b. C	
		Stechne W. Smith M.D. PHYS. P DIRECTOR	PHYS.	
		22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS		
	23a.		ON (City, town or county) (State	e)
17.5		BUYET 3/18/62 Sharptour Cem. Shar	ptown, Mld.	
2	24	SUMPERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AND 19 '62		
AM	6	DATE MART 19 02	- Curtury S. Manys	



### RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03906 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Wicomico County Wicomico County MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Mardela Springs Salisbury 92 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS Deer's Head State Hospital 3. NAME OF Middle Last 4. DATE DECEASED OF Charles Sherman ENGLISH March (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | last birthday) Months 28 Male WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Retired\_U.S.Mail(Rural)Carrier Wicomico County, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 2. Thomas W. English Martha Gravenor Mrs. Martha A. Engberg (Daughter) 900 Irvington Road Chester, Pa. (TR-6-5212) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or dates of service 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 1B.) OF CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While N/A N/A et work et work 21. I certify that (I) (this hospital) attended the deceased from Dec. 12. , 1961, to March 14 , 19.62 that (I) (we) last .....19.62., and that death occured at, (.....M, from the causes and on the date stated above. saw the deceased 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSIGHAN S. Deer's Head State Hospital NAME (Type) Lee L. Lawry. Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF

OL

funeral

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5

and

physician

attending pl

requires that the death certificate

Pages

hours after

24 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY

REMOVAL (Specify)

ADDRESS

Mar. 17.1962 Mardela Memorial Cem. Mardela, Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

SALISBURY, MARYLAND DATE

arlhur S. Mays

e. IS RESIDENCE ON A FARM?

YES NO

19 62

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

5423.

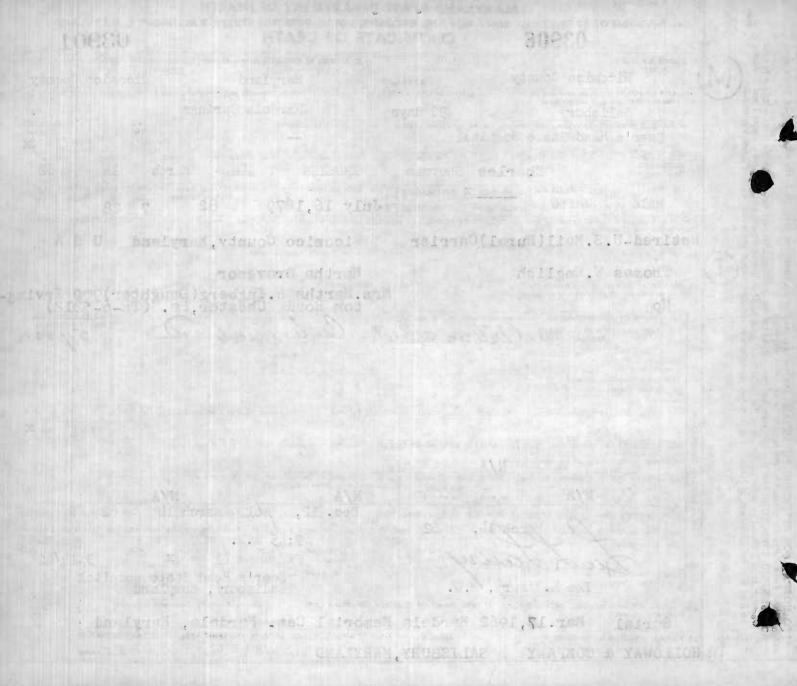
PERFORMED? NO DE

(Stete)

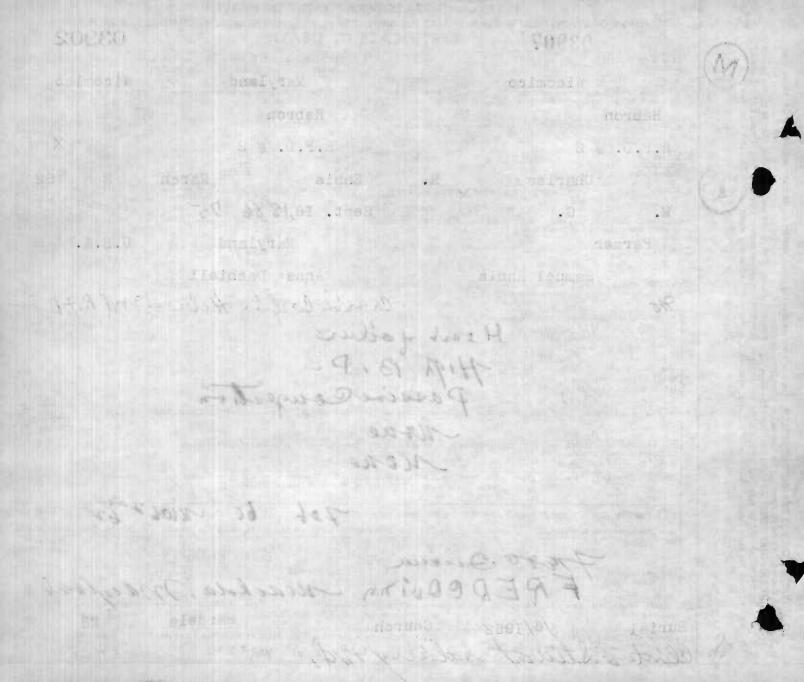
22b. DATE

(Steta)

SIGNED



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET  13907 CERTIFICATE OF DEATH	r, BALTIMORE 1, M	ARYLAND 3902
1	1.	PLACE OF DEATH  a. COUNTY  a. STATE	b. COUNTY	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Maryland  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate Rural and give nearest town)		d giva nearest town)
X		Hebron d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet addrass)  d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
	3.	R.F.D. # 2 NAME OF DECEASED  R.F.D. # 2 Last  Addle DeceaseD	Month	YES NO Day Yaar
1	V	(Typa or print) Charles R. Ennis DEATH	March 9. AGE (In years   IF UNDER 1	
/	10a	WIDOWED DIVORCED Sept. 18/8/86.  USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or	75- yrs.	Deys Hours Min.
		Farmer  Farher'S NAME  Maryland  14. MOTHER'S MAIDEN NAME	u.	S.A.
	15.	Samuel Ennis Anna Dashi WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT		
	(Ye	s, no, or unkown) (Ifyasgivewarordatesofsarvica)	Hebron In	d R.7.D2
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)		ONSET AND DEATH
		Conditions, if any, which (b) HIM P3, P1		
		gave rise to immediate ceuse (a), stating the underlying DUE TO	-5	
0	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	PERFORMED?
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part	II of itam 18.)	YES NO
		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20c. PLACE OF INJURY (Homa, farm, † 201. (Cit	ty or town) (Cou	inty) (State)
	MEDICAL	Hour a.m.  p.m.  While Not While at work factory, streat, office bldg., etc.)	7766	
		21. I certify that (I) (this hospital) attended the deceased from		
		228. SIGNATURE  ATTENDING MED. PHYS. DIRECTOR [	STAFF PHYS.	22b. DATE SIGNI
		22c. PHYSICIAN'S NAME (Type) E DED DOLLING 22d. ADDRESS	in ma	1600
	234	TOTAL OVAL (Carailla)	CATION (City, town or count	(Stata)
		Buriol # 3/6/1969 Church M8	ardela  STRAR   25b. REGISTRAR'S	Md SIGNATURE
M	6	Circle of Stewart Salistry 910 DATE MAR 12	'62 arthur 2	8. Kraus



## FOR STATE HEALTH DEPT DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral director. Page out do for execute the certificate, writing the word "pending" in pendi in them 18. Give Pages 5 months to the funeral director. Page 2 should be used as a burial-transit permit. File pages 1 and 2 will be State Baard of Health, ar its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03908

Reg. DIST. No. 903

	PLACE OF DEATH	3.74							ed lived. If inst b. COUN	1954 9.9 -		
-	I CITY OF TOWN	Wicomico		MARY			Mary			AA T	comi	
	and give nearest town)	Pittsvil		LENGTH OF STAY	IN 16	11		svill	porate limits, wri .e	te RURAL on	d give near	est town)
	d. NAME OF HOSPITA	L OR INSTITUTION (IF	not in hospital.	, give street addres	is)	d. STREET	DDRESS				e.	IS RESIDENCE
` [		In Villag	ge				In V	illag	e		Y	ON A FARM?
	B. NAME OF DECEASED (Type or print)	ROY		ALVIN	F.	ARLOW		4. DATE OF DEATH	MAR		18th	19 62
	s. sex Male	White	MARRIED 5	DIVORCED			,192	1	9. AGE (In years feet birthday) 40 yrs	Mogths		UNDER 24 HP.S. Dura Min.
	00. USUAL OCCUPATIO	N (Give kind of work do			INDUST	RY 11. BIRTHPL	ACE (Stote  1mor	or foreign co e. Mar				HAT COUNTRY?
	Roy A. Fa:	rlow				Wine	fred	Tilg	hman			
	Yes, no. er unknown)	R IN U. S. ARMED FORCE		IAL SECURITY NO.	Mr T1	Norma	n D.	Farlo	w(Brot	her) H	A.D.#	land
	PART I. DEAT	H [Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (	a), (b), and (c).]		90%	Book	2 8	P		ONSET AT	BETWAND,
	Conditions, if or gave rise to immed (a), stating the ucause lost.	inte cause inderlying DUE TO (c)_						)	0			
	PART II. OTH  200. EXTERNAL CAU PRIMARY 15 or CON CAUSE OF DEATH.	ER SIGNIFICANT CONDI	TIONS CONTR	BUTING TO DEAT	H BUT N	OT RELATED TO	THE TERM!	NAL DISEASE	ECONDITION G	IVEN IN PAR		ERFORMED?
		SE WAS 20b.	DESCRIBE HO	W INJURY OCCUR	RRED. (Er	nter foture of in	jury in Cort	I or Port II	of item 18.)	21-		
	20c. TIME OF INJUR	7 Month, Doy, Year 3 18 19 L	While		Oe. PLAC	HOF INJURY (H	tome, form bldg., etc.	20f. scity	town)	Wie	uniy)	(Stot
		ot I took charge or resulted from: No				_/		y □, <u>In</u> Homicide	Undet	, Inquir	The second second	and in my
	ACTUAL SIGNATURE Dr EXAMINER'S NAME (Type)	Earl L. Ro		Tuchury	- Ma	ASSISTAL	NT MEDICA	AMINER   AL EXAMINER	M	arch	19	_/1962
	270. BURIAL CREMATION REMOVAL (Specify) Burial	Mar. 21,	22c.	NAME OF CEMETE Pittsvi	ERY OR	CREMATORY		22d, LOCAT	TION (City, lown		ryla	(Stote) nd
2	3. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS			24a. REC'0	BY REGISTI	RAR 24b. REC	SISTRAR'S SIC	SNATURE	
	HOLLOWAY &	& COMPANY	SA	LISBURY	, MA	RYLAND	DATE M	AR 2 2 '6	52 0	Withen S.	Thomas	

TO DEPUTY VS. ATSME 5M 2/57

HOUSELE STRAIL TO THIR TURNED BY A TROUBLE STRAIN. Author 16. separat a Grant Toll . V. Froeyes as accompany to 

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03909 should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNT 247 Comico MARYLAND TO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 OWNAH outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) 2 -)ALISBURY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give wreet eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO HOSPITAL TENERA 3. NAME OF DATE Middle Lest Month Day DECEASED (Type or print) DEATH 19 FNCE RC /7 6. COLOR OR RACE 7. MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. NEVER MARRIED and bigthday) Months Deys Hours WIDOWED A DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? country) done during mest of working life, even if retired) please 13. FAPFI R'S NAME Then please pue 16. SOCIAL SECURITY NO. Address (Yes, no, or unkewn) (If yes give wer or detes of ervice 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny which (b) gave rise to Immediate ceuse DUF TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, ferm, (Stete) 20d. INJURY OCCURRED | (County) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour e.m et work et work p.m OI 21. I certify that (i) (this hospital) attended the deceased from.... 22b. DATE 22e. SIGNATURE ATTENDING 1 STAFF SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 230 NAME OF CEMETERY OR CREMATORY 23d POCATION (City, town or county). BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) 1SM 7/61 DATE

RYLAND STATE DEPARTMENT OF HEALTH

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24 hours after		by the funeral	and 2 should	death	
secuted y n.n 2		pletely filled in	papers. Pages 1	in 72 hours after	-
certificate be ex		physician and	remove cart	any event, withi	
that the death		the attending p	it. Then please	emoval, and in	
s law requires	nding physiciar	een signed by	ial-transit permi	cremation, or re	
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after	the hospital or atte	After this certificate has been signed by the attending physician and pletely filled in by the funeral	ge 3 should be detached for use as the burial-transit permit. Then please remove carb papers. Pages 1 and 2 should	h the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	
ATTENDING	be retained by	ECTOR: After th	ould be detached	ate Dept. of Heal	
L OR	4 may	I DIR	e 3 she	the St	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03905 03910

1. PLACE OF DEAT	1			2. USUAL RESIDEN		eceased lived, If	institution: Resider	nce before	admission)
	Vicomico Vicomico		MARYLAND	Mary	yland	129	Wicomi	co	
b. CITY OR TOWN	if outside corporate lim give nearest town)	iits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corp	orate limits, writ	e RURAL end give	neerest to	wn)
	Salisbury		25 Days	X Pitt	svill	e			
	TAL OR INSTITUTION	(if not in hospi		d. STREET ADDRESS	and the second of				RESIDENCE
The second secon	Deer's Head	State	Hospital			ge or or	t		A FARM?
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Monti	h Day	Yes	ir
(Type or print)	Mab	el	Alice	Freeny	DEATH	Marcl	h 23	19	62
5. SEX	6. COLOR OR RACE	7. MARRIED		. DATE OF BIRTH	9		IF UNDER 1 YEAR		R 24 HRS.
Female	White	WIDOWED		Sept. 17, 187	76	last birthday)	Months Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of wor	k   10b. KIN	D OF BUSINESS OR INDUSTR				12. CITIZEN C	DE WHAT	COUNTRY?
	orking life, even if retire		Mindall and	D	7		**	~ .	
13. FATHER'S NAME	Retired S	cuoot	Teacher	14. MOTHER'S MAIDEN	sylvan	1.3.	U	S. A.	•
S. PATHER STRAME									
Rev.	James L	Elderd		Euni	ty Vir	din/Man	shester	N.H	
15. WAS DECEASED EV (Yes, no, or unkown)   (	ER IN U.S. ARMED FOI	RCES? 16. So	OCIAL SECURITY NO. 17.	Lawrence (	Free	nv (Son	)47 Sea	mes	Driv
				lospital Reco	ords	Salish	imr. Mam	rland	
IB. CAUSE OF	DEATH [Enter only one	e cause per lin	e for (e), (b), end (c).}	TOOL TOOK		and the should be be?	IN	TERVAL BE	
PART I. DEAT	II MAD CUOSED DI:		Coronary Occ	lusion			0	NSET AND	
4/18	IMMEDIATE CAUSE (e)		OUTOIRALY OCC.	Labiton					
121	DUE TO	,		11 0- 11		. D		2	
Conditions, if en	(0)	)	Arterioscler	otic Cardiova	asculai	Diseas	е		
(e), steting the	DITE TO	)							
cause lest.	) (c)	)							
Z PART II. OTHE	R SIGNIFICANT COND	ITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS	AUTOPSY ORMED?
PART II. OTHE								YES T	NO T
	AS UNDERLYING	20b. DESCI	RIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert t	l of item 18.)	,		
O (IF EITHER, NOTIFY	MEDICAL EXAMINER	N/A							
20c. TIME OF INJU	JRY Month, Dey, Ye			CE OF INJURY (Home, farr		y or town)	(County)		(Stete)
Hour e.m.	N/A 19	While at work	Not While Tec	N/A	",	N/	A		
Print.		(1 - 1) - A1 1	ed the deceased from.		10 to	3/23/	52 10	that (I)	(wa) last
	sed alive on	GD.JQ.G	19, and that	death occured at	M, fron	n the causes	and on the d		
22e. SIGNATURE	VI land	2	ed .	ATTENDING	MED. PI	STAFF			b. DATE SIGNED
	v. ju	oun	MC N	.D. 723	DIRECTOR	PHYS.	March	23,1	.962
22c. PHYSICIAN'S NAME (Type				22d. ADDRESS					
TANKE (1) pe	V. Jue	rman, 1	I.D.	Deer's	Head H	ospital	- Salish	ury,	Md.
23a. BURIAL, CREMAT	ION, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(:	Stete)
REMOYAL (Specify Buria)	Mar. 27	/1962	Pittsville	e Cemetery	Pitt	sville	. Maryl	and	
24 FUNERAL DIRECTO		1 1/02	ADDRESS	25a. RE	C'D BY REGIS	TRAR 256. RE	GISTRAR'S SIGNA		
HOLLOWAY &		SAT	LISBURY, MAR		AR 2 7 '6		winer S. Kr		
L.OTTOMAT (	" OOH MILL	DAI	DEDDOILL, MAIL	DAIE OF					

206729 Mary Vallet Elliwoille SHEELEV WILL יים מיון יו resident fuerica bearingers \* \* Andrew . The secretary of the secretary BOTTAWAY IL COMPARY II SALISBREY, MARTINE AN ILLI

ian and pletely filled in by the funeral ve carbon, papers. Pages 1 and 2 should vent, within 72 hours after death. n 24 hours after OR AITENDING PHYSICIAN: The law requires that the death certificate be executed HOSPICEL OR ALLENDING THE CONTROL OF SHORTING Physician.

1. Page 4 may be retained by the hospital or attending physician.

1. Page 4 may be retained by the hospital or attending physician and the strength of the strength of the strength of the strength of the physician and the strength of the and in any creetor, page 3 should be detached for use as the burial-transit permit. There be filed with the State Dept. of Health prior to burial, cremation, or removal, TO HOSPI VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03906

					00000
1. PLACE OF DEA	ATH			ICE (Where deceased lived, If ins	stitution: Residence before admission)
	Wicomico	MARYLAND	a. STATE Mar	yland	Wicomico
write RURAL	(N (if outside corporate limits, and give nearest town) Salisbury	c. LENGTH OF STAY IN 11	12	(If outside corporate limits, write R	(URAL end give neerest town)
		of in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	810 Cooper S	St	810		ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	CLIFT(	ON WASHINGTON	FURBUSH	4. DATE Month OF DEATH MARCH	27th 162
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   If	
Male	White w	IDOWED DIVORCED	Nov.18.190	1 60 yrs.	Manths Days Hours Min.
10a. USUAL OCCUI	PATION (Give kind of work f working life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	nty & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY
	d Railway Ex	xpress Agent	Wetipequ	in, Maryland	USZ
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
	.Gurbush		Carrie A	. Majors	
15. WAS DECEASED (Yes, no, or unkown)	DEVER IN U.S. ARMED FORCES (If yes give war or dates of serving)	16. SOCIAL SECURITY NO. 17	rs.William Street	F. Godfret (Dau Salisbury, Ma	aghter)810 Coop
	EATH WAS CALISED BY	use per line for (e), (b), end (c).] META STATIC	CARCINO		INTÉRVAL BETWEEN ONSET AND DEATH
Conditions, if		CARRINOMA	PHARYM		19.
gave rise to imm (e), stating the cause last.	DITE TO				
PART II. OT	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTI	WAS UNDERLYING   20 ING   CAUSE OF DEATH TIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	Part I or Part II of item 18.)	
20c. TIME OF II		2Dd. INJURY OCCURRED   20e. P	LACE OF INJURY (Home, fari ectory, street, office bldg., etc N/A		(County) (State)
		attended the deceased from	E 4 7 E		27, 196. That (I) (we) las
22a. SIGNATU		67.9, and in	lei dealli occured ai.s.	M, Itom me causes an	22h DATE
-	Pd Fray	Tues aus.	M.D. PHYS.	MED. STAFF PHYS. ME	ar. 29 /1962 GNEC
22c. PHYSICIAL		eeves	Medical	Center-Salis	bury, Maryland
3a. BURIAL, CREM REMOVAL (Spec	AATION, 236. DATE THEREO	F 23c. NAME OF CEMETER		23d. LOCATION (City, town	
4 FUNERAL DIREC	TOR'S SIGNATURE	ADDRESS	25a RF	C'D BY REGISTRAR 25b. REGIS	
	Y & COMPANY	SALISBURY, MA	RYLAND DATE	MAR 3 0 '62 C	ethur S. Hranes
	T OO OOTHERING		TOTAL PROPERTY INVIEW		

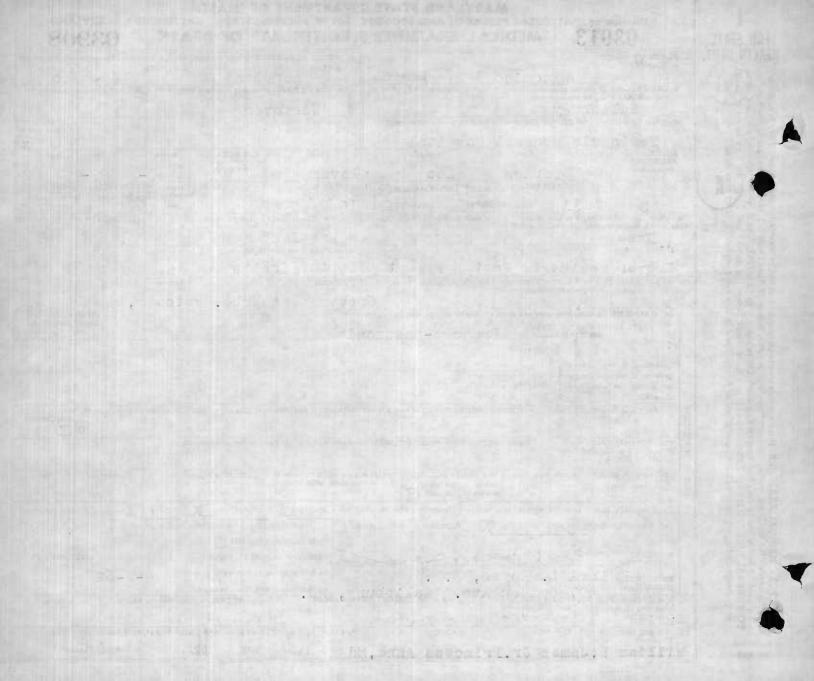
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1	03912 CERTIFICA	ATE OF DEATH	03907
1)	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived,	
2	b. CITY OR TOWN (if outside corporate limits,	MARYLAND	WORCESTER
	write RURAL end give neerest town)		224.7
2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stife) address)	d. STREET ADDRESS	e. IS RESIDENCE
~	PENINSULA GENERAL HOSPITAL		ON A FARM
e e	3. NAME OF DECEASED First Middle	Last 4. DATE Mo	nth Dey Year
	(Type or print) JOHN MAROLL	GASKILL DEATH MARC	H 13 1962
	5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year last, wirthday	rs   IF UNDER 1 YEAR   IF UNDER 24 HR
	MALE WHITE WIDOWED DIVORCED	aug.1-1884 75/7/18	2
	10e. USUAL OCCUPATION (Give kind of work done during ost of working life, even if retired)	ISTRY BIRTHPLACE (County & State, or foleign country	12. CITIZEN OF WHAT COUNTE
-	13. FATHER'S NAME	Messongo Walne	a
1	13. PAIRER'S NAME POLLOGO POLL Markill	14. MOTHER'S MAIDEN NAME	
- )}	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	7. INFORMANT Add	
	(Yes, mongy unkown) (If yes give war or detes of service)	m Melinin Harbill &	volletice mos
	18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Milanoun Gamere,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Probable	Muncardial Infara	froy ONSET AND DEATH
	4-2 0 C DUE TO 0 1	100	
	Conditions, if eny, which ) (b) Arteriosc	lerotic Heart Di	sease
	geve rise to immediate cause (a), stating the underlying  DUE TO		
	cause last. (c)		
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION C	PERFORMED?
	Broncho Preumor		YES NO
	E 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU OP CONTRIBUTING ☐ CAUSE OF DEATH U (IF ETHER, NOTIFY MEDICAL EXAMINER)	JRED. (Enter neture of injury in Pert I or Pert II of item 1B.)	
		PLACE OF INJURY (Home, ferm, † 20f. (City or town)	(County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m.  p.m. 19 et work et work	factory, street, office bldg., etc.)	
	21. I certify that (I) (Nis hospital) attended the deceased fro	m March 12, 1962 10/1/arch	13 , 1962 that (1) () 1
	saw the deceased alive on March 12 1962 and t	hat death occured at M, from the cause	
	22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE
	Thomas C. Hell. Jr.	M.D. PHYS. DIRECTOR PHYS.	3/13/62
1	22c. PHYSICIAN'S NAME (Type)	Pine Bluff Road	Solisbury, Md.
	BURIAL, CREMATION, 235. DATE THEREOF 230 NAME OF CONTE		town or county) (Steple)
	March (Species) March (Sles Sarin 6/11)	Varnater Visoleti	es mal
1	24 PUNERAY DIRECTOR'S SIGNATURE ADDRESS	Sa. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
1			

The Land of Carter S. The said of the second Species of the many through the set the 

FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO	TE OF DEATH 03908
HEALTH DEPT.	1. PLACE OF DEATH   2. USUAL RESIDEN	CE (Where deceased lived, If institution: Residence before admission)
× 0 5	e. COUNTY a. STATE	b. COUNTY SOME
Pag Pag		Land Wisemico
ctor. Pag our files	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN ( write RURAL and give nearest town)	If outside corporate limits, write RURAL and give nearest town)
ecto your	Salisbury Westor	
Roar Boar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	IS RESIDENCE ON A FARM?
ned ned after th.	Peninsula General Hospital  3. NAME OF First Middle Last	YES NO YES NO Year
an) he fin ee St dea	DECEASED	OF
	(Type or print) Vernon Lee Glover	DEATH 3- 29- 19 62
の任義!	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH	9. AGE (In years   If UNDER 1 YEAR   IF UNDER 24 HRS.   Is birthdey)   Months   Days   Hours   Min.
and de de	M AA WIDOWED DIVORCED 10/7/62	- yrs. 5
1, 2, after 1, 2, age 5 and and 72 ho	10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State	
es Pa Pa n 7	None   None   Marylan	
Pag A3.	13. FATHER'S NAME	NAME
No Paris	Grover Weatherte Foster Parent Dorthy Cur	ctis
rithin 8. Gir form 1. File event	15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	Address
3 = =	(Yes, no, or unkown) (Ifyesgive werordeles of service)	erbe.Westover.Md
her kem with perm any	[ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	I INTERVAL BETWEEN
li in I	PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
alo alo	immediate cause (a) Broncho-pneumonia	2 days
d b per ial-	OUE TO	
should to should to should to should to should to should be should to should	Conditions, if any, which (b)	
s a series	gava rise to immediata cause (a), stating the underlying  DUE TO	
ndin iner d as	cause last. (c)	
This certifics, word "pen dical Examinal be used cremation, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Pord Fee	4×1	YES NO TO
This dica cree	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CAUSE WAS  PRIMARY OF CONTRIBUTING OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL CAUSE OF DEATH.	t I or Part II of item 18.)
9 0 0	PRIMARY OF CONTRIBUTING COUNTRIBUTING COUNTR	
EXAMINER ate, writing the Chief MR. Page 3 shrior to burial		n, ' 20f. (City or town) (County) (State)
Arriting Chi	Hour a.m. While Not While factory, street, office bldg., etc	.)
X.A.	p.m. 19 et work et work	
Dri Cat	21. I certify that I took charge of the remains described above, held an Autopsy X	Inspection X Inquiry X and in my opinion
A FEBRUAR	death resulted from: Natural causes X. Accident . Suicide . Homicide	, Undetermined manner
the ce the ce prward DIRE	CHIEF MEDICAL	EXAMINER
MEDI orwar orwar DIRI	ACTUAL ASSISTANT MED	ICAL EXAMINER DATE SIGNED
AAL nate	SIGNATURE M.D. ASSISTANT MED.  Pari I Roman M D. DEPUTY MEDICA	EXAMINER TO
SEPUTY IN Case execute should be for FUNERAL its designate.	NAME (Type) 407 Camden Ave. Salishury, Address (Street,	city, town, or county)
Should be started by the started by	22e. BURIAL, CREMATION, 22B. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or country) (State)
145 g	Buriol 3/71/62 St Faul	Revell Neck Md
VC ATCHE	23. FUNERAL DIRECTOR ADDRESS 24a. REG	C'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. AISME SM 9/60	William H. James Jr. Frincess Anne, Md DATE	APR 5 '62 Orthun S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

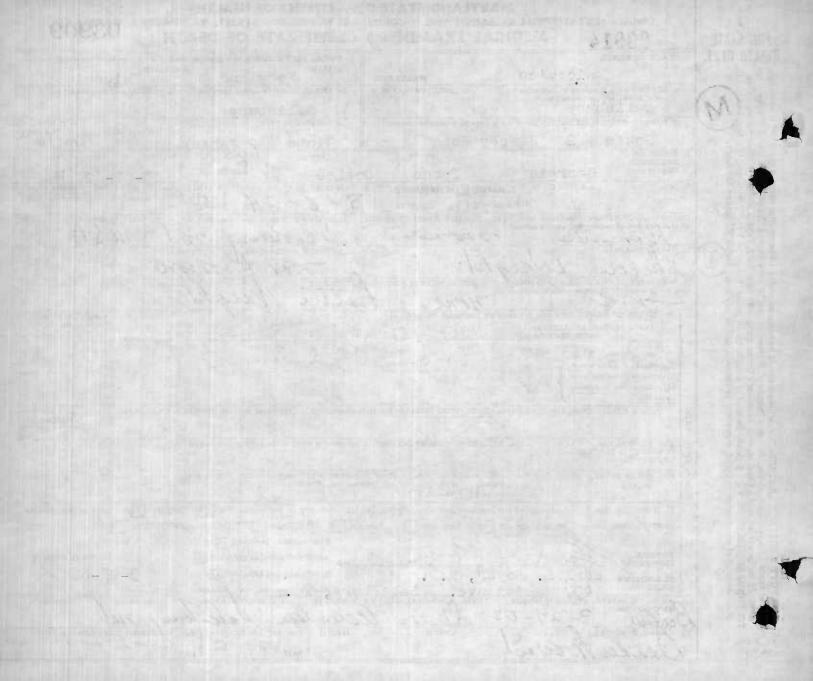


### FOR STATE

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03914

LEALTH DEPT.	1. PLACE	OF DEATH				2. U	SUAL RESIDEN	CE (Where dece	esed lived, If institut	on: Residence before	edmission)
ary, age ss.	a. COUN	11	Wicomi	co	MARYLA		STATE Mar	yland	b. COUNTY	Wicomico	
our file. Par	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) Salisbury						c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)  X Salisbury				
of diri				ON (If not in hos	pitel, give street eddress	1 d.	STREET ADDRESS	bury		l e. IS R	ESIDENCE
eral eral e Bo	F	loute	# 2	Jersev	Road		Riute #	2 Jer	sev Road	ON	A FARM?
fun fun aine Stat Stat	3. NAME		-	First	Middle		Last	4. DATE	Month	Dey Yee	
the the	DECEA (Type or		Georgi	a	Irene	Gosl	ee	OF DEATH	3_	21-62 19	
事。一点	5. SEX		6. COLOR OR	RACE 7. MARRIE	NEVER MARRIED			9. /	GE (In yeers I IF UND	ER I YEAR IF UNDER	24 HRS.
and and 2 w 2 w 2 ours	F		AA	WIDOWE		3-	8-2	4 3	yrs. Month	Deys Hours	Min.
es 1, 2, es 1, 2, Page 5 s 1 and n 72 h			ON (Give kind of		IND OF BUSINESS OR IN	DUSTRY 11.	aleste	or foreign countr	md 12.	USA.	OUNTRY?
PM3. PM3.	13. FATHER	& NAME	, le	righ	1	14. M	OTHER'S MAIDEN	1 11/	non.		1317
within 18. Giv	15. WAS DE (Yes, no, or	CEASED EVER	IN U.S. ARMED	FORCES? 16.	SOCIAL SECURITY NO.	17. PUORI	TANT /	Vien	ddress		
wit with a per land	1 18. CZ	USE OF DE	ATH (Enter onl	one cause per l	ine for (a), (b), end (c).)	o car	and a	The different		I INTERVAL BET	TWEEN
s exection in along ransit		ART I. DEATH	WAS CAUSED I	Yı	he to	- W	Ceoho	Zion		ORSET AND	
d be of pencince all ial-tra	3	77	S DU	E TO	Olas -	08	0 0.	<		700	
i g g ja		ons, if eny, se to immediate		(b)	evidine	_ 50-4	- ne				The same of the sa
ding ding ner's as a or re		ting the und	0.1	E TO							
"pen xamil used ion,			IGNIFICANT CO	(c) ONDITIONS CON	TRIBUTING TO DEATH B	UT NOT RELAT	ED TO THE TERMIN	NAL DISEASE CO	NDITION GIVEN IN F	ART I(a) I 19 WAS A	LITOPSY
word do be	САПС										NO 4
MER: In the value of the value		KTERNAL CAU LY Or CON OF DEATH.	TRIBUTING	206. DESCRI	BE HOW INJURY OCCU	RED. (Enter nati	ire of Injury In Per	t I or Pert II of Ite	m 18.)		
XAMID 9, writing he Chie 1: Page or to be	0	ME OF INJURY lour a.m. p.m.	Month, De	y, Yeer 20d. While	Not While		JURY (Home, fern it, office bldg., etc.		town) (	County)	(Stete)
Day to the price of the price o	21. I d	certify tha	t I took char	ge of the rem	ains described abov	e, held an	Autopsy ,X	Inspection	y Inquiry	and in my o	pinion
Gortif Gent, Jent,	death	resulted fro	om: Netur	al causes 💽	Accident,	Suicide [	Homicide	, Unde	ermined manner		
the china			8 (	) , .	0	/	CHIEF MEDICAL	EXAMINER			
L re L	SIGNA		Con	-	1 De	M.D.	ASSISTANT MED	ICAL EXAMINER		DATE SIG	NED
should be for FUNERAL	EXAM	TIADU O	Earl L.			d alassa	DEPUTY MEDICAL	Lat.a		-23-62	
Se sse sse shoul	22a BURIAL	CREMATION	22b. DATE 1	amden A	Ve Sal	RY OR CREMA	Address Street, of		nty) N (City, Town, or cou	ntry) / (Stet	•)
40 9	Buri	AL (Specify)	3-27	-62	Dreew	1.51	s Cem	Leke	· leury ;	nul	
VS. AISME		AL BURECHOR	To .	, 4	ADDRESS			R 9 '62	24b. REGISTRAR	S SIGNATURE	
5M 9/60	Co	aker	mu	ect.			DATE AL	11 0 02			



$\mathbf{V}$		PLACE OF DEATH  a. COUNTY  Wi.comi.co	a. STATE	CE (Where decessed lived, If b. COUN	VTY C	
1	-	MARYLAND		ryland		n Anne's
		write RURAL and give neerest town)		(If outside corporete limits, write	E KUKAL and give	1 % 2
1		Salisbury, Maryland   lyr9mo9days		sville	/ /	XX
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS			a. IS RESIDEN
	_	Deer's Head State Hospital			1	YES NO
		NAME OF First Middle DECEASED	Last	4. DATE Month	Dey	Assi
		(Typa or print) John	Grimes	DEATH Mar		19 62
	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
		Male White WIDOWED DIVORCED	allout 90	yrs.	Months Days	Hours Min
	108	. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN O	F WHAT COUNT
	90	one during most of working life, even if retired) Form Lather	Inel		21	SA
_	13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		4/1
T	1)	- William I there	Unto	w		
_	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address		
	(Ye	is po, or unkown) (If yes give war or detes of service)	att. 7	od 4147	11.18 A	Po
		1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]		7/1//	Car	FRVAL RETWEE
		1		7 14		ISET AND DEATH
		IMMEDIATE CAUSE (a) Arteriosclerotic	e caronovascu	tar orsease		lears
		DUE TO				
		Conditions, if eny, which (b) Arteriosclerosis	s, general			
		geve rise to immediate cause (e), stating the underlying  DUE TO				
		ceuse lest. (c)				
5	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 1	9. WAS AUTOR
	CERTIFICATION					YES NO
	I E	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE	D. (Enter natura of injury in	Pert I or Part II of item 1B.)		
	E E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	SE		ACE OF INJURY (Home, fer		(County)	(State
	MEDIC	nour a.m.	ctory, street, office bldg., etc	:-)		
	2	р.т. 17	5/23/	1060 . 3/1/	1062	1 . (1) ( )
		21. I certify that (I) (this hospital) attended the deceased from		1960, to 3/4/		hat (I) (we)
		saw the deceased alive on Mar. 4, 19.62, and the	at death occured at 2.	**** Aff from the causes	and on the da	
		220. SIGNATURE		MED. STAFF	36	22b. DA
			M.D.	DIRECTOR PHYS.	March	1 4, 190
		22c. PHYSICIAN'S NAME (Typa)	22d. ADDRESS		A- 11-10	
	1	V. Vuerman, M.D.	Sal	isbury, Maryla		
			OR CREMATORY	23d. LOCATION (City, to	wn or county)	(State)
/	238	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	* A	Burn	. ()	1
	234	REMOVAL (Specify)  De RIAL  Agents  Ag	20	Stenerwil	Ce	host
1		REMOVAL (Specify)	illo		GISTRAR'S SIGNA	

MARYLAND STATE DEPARTMENT OF HEALTH

DIERRO sure distributed by the best benefit and the state of the THE PART OF STREET

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03916 CERTIFICATE OF DEATH
Pages 1 and 2 should bours after dearh	1. PLACE OF DEATH a. COUNTY WICOMICO MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Deer's Head State Hospital  2. USUAL RESIDENCE (Where deceesed lived, If Institution; Residence before admission) b. COUNTY Maryland c. CITY OR TOWN (If outside corporate limits, writa RURAL and give neerest town) Princess Anne d. STREET ADDRESS JOB Hampden Avenue  2. USUAL RESIDENCE (Where deceesed lived, If Institution; Residence before admission) b. COUNTY C. CITY OR TOWN (If outside corporate limits, writa RURAL and give neerest town) C. CITY OR TOWN (If outside corporate limits, writa RURAL and give neerest town) Princess Anne d. STREET ADDRESS JOB Hampden Avenue
carbon, pers	3. NAME OF DECEASED (Type or print)  Ina Mae Hargis DEATH March 6 19 62  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER
rmit. Then please remove removel, and in any ever	106. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  106. KIND OF BUSINESS OR INDUSTRY  116. BIRTHPLACE (County & Stete, or foreign country)  117. CITIZEN OF WHAT COUNTRY?  118. FATHER'S NAME  129. CITIZEN OF WHAT COUNTRY?  120. CITIZEN OF WHAT COUNTRY?  131. FATHER'S NAME  140. MOTHER'S MAIDENNAME  141. MOTHER'S MAIDENNAME  142. MOTHER'S MAIDENNAME  143. MOTHER'S MAIDENNAME  144. MOTHER'S MAIDENNAME  155. WAS DECEASED EVER IN V.S. ARMED FORCES?  (Yes, no for fiscown)  165. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  176. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  186. CRUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).]
use as the burial-fransit perior to burial, cremation, o	Due to   Conditions, if any, which   Save rise to immediate cause   Due to
d be detached for Dept. of Health p	20c. TIME OF INJURY Month, Day, Yeer Hour e.m. p.m.  19  20d. INJURY OCCURRED Steel PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from Sept. 7, 1901., to Mar. 6, 19.62, that (I) (we) last
for, page 3 should led with the State	saw the deceased alive on
5 B	23a, BURIAL, CREMATION, 23b. DATE THEREOF  BEMOVAL (Specify)  3-11-62  St. Mgy's Cem.  Princess Anne,  ADDRESS  ADDRESS  NEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  NEW Church 14 162  NEW Church 14 162

Exercise Homewise Maryland I will Shi Sidney Cottomin Annie Stevenson Evice Hayle The Hoyako Has Trans Has Pill The state of the s AFFICE OF REAL PROPERTY OF SEASON PROPERTY. Emil 3-11-62 Filling Com Tomas Inne Search as well remember present

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edinission) e. COUNTY I director. Page or your files. b. COUNTY Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give neerest town) No. Salisbury Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS o funeral rained fo State Bo Peninsula General Hospital Church St. 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print ace DEATH Hatchet 3-1-62 with ir 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH 7. MARRIED FT NEVER MARRIED Page 5 may 1 and 2 with 1 and 2 with 72 hours at last birthdey) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 18. Give Pages 1, form PM3. Pag pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Maddox Laura Person it. File with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) i (If yes give wer or detes of service) permit. y" in pencil in Item 1 s Office along with a burial-transit permi Walter Maddox Princess onne Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: and Ruptured myocardial aneurysm IMMEDIATE CAUSE (e) DUE TO should be forwarded to the Chief Medical Examiner's Office FUNERAL DIRECTOR: Page 3 should be used as a burial its designated agent, prior to be a sound be used as a burial statement of the chief was a should be used as a burial to the chief was a should be used as a burial to the chief was a should be used as a burial to the chief was a should be used as a burial to the chief was a should be used as a burial to the chief was a should be used as a burial to the chief was a should be used as a should b Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. age 3 MEDICAL 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy 📝 Inspection | Inquiry Suicide Undetermined manner death resulted from: Natural causes V Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER L. Royer, EXAMINER'S NAME (Type) DATE THERE GAME ON AMES CEMETERS OF CHEMOTORY TO LOCATION IC LOCATION (City, town, or country) 22e. BURIAL, CREMATION, REMOVAL (Specify) 0 ö John Wesley Princess Anne Naryland 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME B. Wright Trincess Anne, Md DATHAR Circlas S. Thous 5M 9/60

Somerset

Day

S

(County)

. IS RESIDENCE ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

Sudden

PERFORMED? NO

(Stete)

and in my opinion

DATE SIGNED

(State)

IF UNDER 24 HRS.

SEESO BE CHA DE VOIL OF LAND LAND OF COURSE

~ V	Ttem 14 Film G3	TE OF DEATH	03913
1)	1. PLACE OF DEATH  a. COUNTY  Wicomico  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution as STATE Maryland b. COUNTY Ta	Residence before admission)  1bot
	b. CITY OR TOWN (if outside corporate limits, write RURA) and give nearest town)  Salisbury  c. LENGTH OF STAY IN 18 2,415 days		nd give neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  Deer's Head State Hospital	d. STREET ADDRESS Bellevie Road	a. IS RESIDENCE ON A FARM? YES NO
-	3. NAME OF DECEASED (Type or print) Augustus Dophus	Lesi 4. DATE Month OF Hayman DEATH March	Dey Year 29 19 62
	5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED    Male   Colored   WIDOWED   DIVORCED	8. DATE OF BIRTH  8. DATE OF BIRTH  9. AGE (In years list birthday)  Months  Months	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CI  WEST Urgill II  14. MOTHER'S MAIDEN NAME	U.S
-	Char-LES ITAYNIAN  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17	Mary E. Handy	
13	(Yes, no, or unkown) (If yes give war or dates of service) 217-05-7154	PEARL V. LeulhournE	MHTION 1
	IMMEDIATE CAUSE (6)	ic cardiovascular disease	Years
	Conditions, if any, which (b)  gave rise to immediate couse	is, general	Years
	(a), stating the underlying DUE TO cause last. (c)		THE PARTY OF THE P
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  Trachea bronchitis and pyelonephr  20. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING TO DEATH BUT  OF CONTRIBUTING TO DEAT	itis	PERFORMED? YES NO X
- 1		RED. (Enter nature of injury in Part I or Part II of ilem 18.)	
	Hour a.m.  p.m.  19 While Not While et work at work	ectory, street, office bldg., etc.)	unty) (Stete)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Mar. 28 19.62, and the		the date stated above.
	22c. SIGNATURE V. Juruan .	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	3/29/62 DATE
3.	NAME (Type) V. Juerman, M. D.	Deer's Head State Hospital;  Y OR CREMATORY   23d, LOCATION (City, lown or soun	
	BUTINI MPril 1, 1962 MARI	on Marion Stat	ion md
	24 FUNERAL DIRECTOR'S SIGNATURE, ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

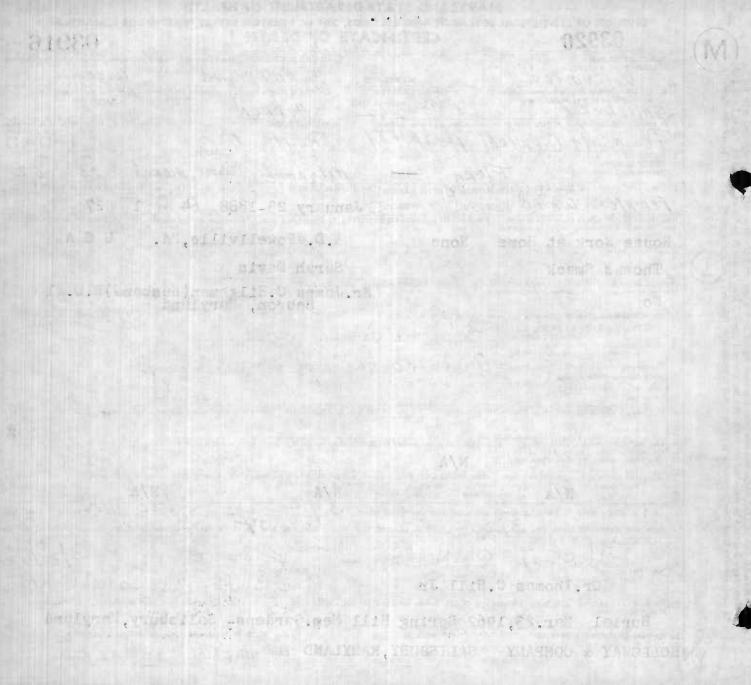
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

24 hours after

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	X	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  03916
24 hours after in by the funeral and 2 shout er death.	1.	PLACE OF DEATH  e. COUNTY  D. COUNTY  D. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)  SALS BUKY  He BRON  1. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)  D. COUNTY  MARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)  SALS BUKY  He BRON
cecuted virial pletely filled appers. Pages in 72 hours aff	3.	d. NAME OF HOSPITA/OR INSTITUTION (if not in hospital, give street eddress)  PENINSULA GENERAL HOSPITAL ROUTE  NAME OF DECEASED (Type or print)  A. STREET ADDRESS  B. IS RESIDENCE ON A FARM?  YES NO DECEASED  OF DECEASED (Type or print)  A. DATE OF DEATH MARCH  1962
certificate be exphysician and for a remove carbo, any event, with	H	Female    Chite   The properties of the properti
at the death of the please Then please noval, and in a		Thomas Smack  Sarah Davis  Sarah Davis  Was Deceased ever in U.S. Armed Forces?  (es, no, or unkown) (Ifyosgivewarordelesofservice) No  No  14. Mother's maiden name  Sarah Davis  C.Hilghman(Husband)R.D.#1  Hebron, Maryland
CCIAN: The law requires the pital or attending physician. Ifficate has been signed by it as the burial-transit permit it to burial, cremation, or rer	ATON	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause last.  DUE TO  (c)  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  DUE TO  (c)
L OR ATTENDING PHYSI A may be retained by the host DIRECTOR. After this cert 3 should be detached for use the State Dept. of Health prior	MEDICAL CERTIFICA	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)  N/A  20c. TIME OF INJURY Month, Dey, Yeer While Not While of work of the work
AL HOSPIT.  Ath. Page Ath.  At	2.	22c. PHYSICIAN'S NAME (TYD)r. Thomas C. Hill Jr  22d. ADDRESS NAME (TYD)r. Thomas C. Hill Jr  22d. ADDRESS NAME (TYD)r. Thomas C. Hill Jr  22d. ADDRESS PINE Bluff Road Salisbury Md  23d. LOCATION (City, town or county)  23d. LOCATION (City, town or county)  8. BURIAL, CREMATION, 23b. DATE THEREOF PREMOVAL (Specify)  8. BURIAL, CREMATION, 25b. DATE THEREOF PREMOVAL (Specify)  8. BURIAL, CREMATION, 25b. DATE THEREOF PREMOVAL (Specify)  8. BURIAL, CREMATION, 25b. DATE THEREOF PREMOVAL (Specify)  9. BURIAL, CREMATION, 25b. DATE THEREOF PREMOVAL (Specify)  9. BURIAL, CREMATION, 25b. DATE THEREOF PREMOVAL (Specify)  9. BURIAL, CREMATION, 25b. DATE THEREOF PREMOVAL (SPECIFICAL SPECIFICAL SPEC

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY C 0 MARYLAND yhan merose b. CITY OR TOWN (if outside corporate limits, pue c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Š write RURAL end give neerest town) ET DUMY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T etely NAME OF DATE Month Day Middle Veer DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED 1 5. SEX DATE OF 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS MEVER MARRIED last birthday) Months Deys Hours WIDOWED DIVORCED certificate USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHP & State, or foreign country) done during most of working life, even if retired) aterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FOR ES? 16. SOCIAL SECURITY NO. 17. 10#1 Princess/ (Yes, no, or unkown) | (If yes give war or detes of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gove rise to immediate cause DUE TO (e), stating the underlying cause last. PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY CERTIFICATION certifical PERFORMED? YES NO Z use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, (Stete) Month, Day, Yeer 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e.m. While Not While et work et work p.m. DIRECTOR: to a.M. from the causes and on the date stated above, 19 6 4 and that death occured at saw the deceased alive on SYGNATURE 22b. DATE 22a. ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. an PHYS. M.D. UNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ctor, BURIAL, CREMATION, 236. 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City, town or county) (State) EMOVAL (Specify REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FLINERAL DIRECTOR'S 25a VR A15 (4) 162 19 Chilling S. Thomas 15M 7/61

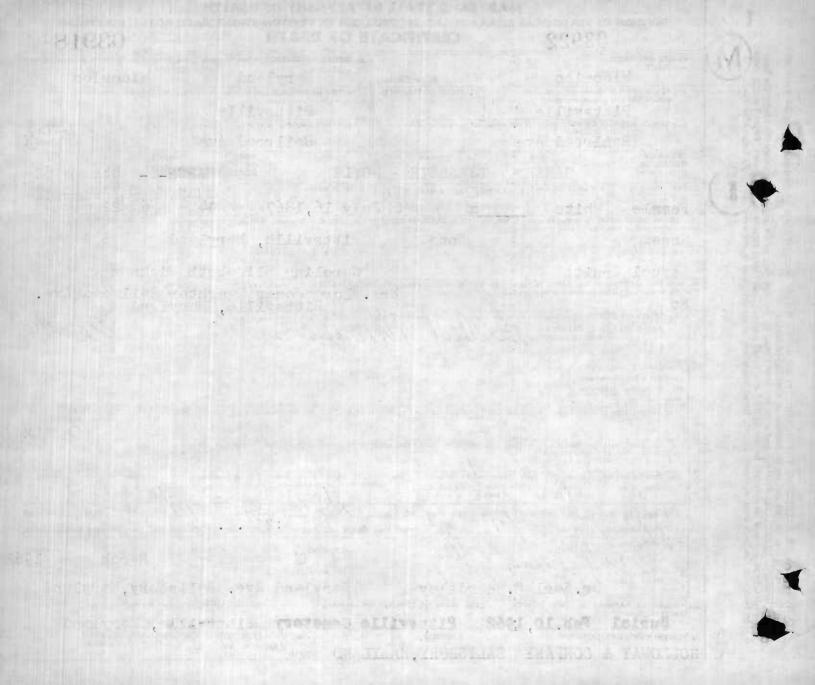
ARYLAND STATE DEPARTMENT OF HEALTH

4 8 Waterman George Hopkins Emily hustin 

mpletely filled in by the funeral papers. Pages 1 and 2 should hin 72 hours after death. in 24 hours after TO HOSE. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 may be retained by the hospital or attending physician.
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and impletely director, page 3 should be detached for use as the burial-transit permit. Then please remove cap, papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 h 15M 7/61

	FICATE OF DEATH	)3918
I. PLACE OF DEATH a. COUNTY Wicomico MARY	2. USUAL RESIDENCE (Where deceased lived, H institution: Re a. STATE Maryland. b. COUNTY Wico	sidence before admission
b. CfTY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Pittsville	/ Pittsville	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street added Railroad Ave	Railroad Ave	IS RESIDENCE     ON A FARM     YES    NO
NAME OF DECEASED (Type or print) SARAH ELIZABETH		Bth 19 62
6. COLOR OR RACE 7. MARRIED NEVER MARRIE  Female White Widowed Divorce	ED July 16, 1867 94 yrs. Months D	Ays Hours Min.
None None None	Pittsville, Maryland U	S A
Is. FATHER'S NAME  Lembel Truitt	Caroline Elizabeth Hickman	n
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (lifyesgive werordetesofservice)  NO  18. CAUSE OF DEATH lenter only one cause per line toy (a), (b), and (c)	Mrs.Flora Jones(Daughter)Raili Pittsville, Maryland	road Ave.
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last.		
208, ACCIDENT WAS UNDERLYING   206, DESCRIBE HOW INJURY	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1  OCCURED. (Enter nature of Injury in Part I or Part II of item 18.)	19. WAS AUTOPS) PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeer Hour a.m.  N/A  19  While at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(State)
21. I certify that (I) (this hospital) attended the decease saw the deceased alive on.	and that death occurred at 25, from the causes and on the	that (I) (we) la e date stated above
220 SYGNATURE AUGUSTUS STATE OF Earl M. Beard sley	M.D. ATTENDING MED. STAFF PHYS. Marchard Ave. Salisbury.	- 4
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF C	CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  SVIILE CEMETERY Pittsville, Ma:    25a. REC'D BY REGISTRAR   25b. REGISTRAR'S, SI	(State) ryland
	MARYLAND DATE MAR 1 2 62 256. REGISTRAR'S S	

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Delaware Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 writa RURAL and give neerest town) Salisbury week Selbyville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Springhill Sanitarium YES NO R 3. NAME OF 4. DATE Middle Last Month Day Year DECEASED OF (Type or print) DEATH Catherine 19 62 Sarah Hudson 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. S. SEX 82 birthdey) Months Days 2- 16- 1880 Female WIDOWED DIVORCED UJUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME Josaiah Hudson Mary E. Hudson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give we ror detes of service 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO has been s he burial-tra Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? NO Z 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Per V or Pert II of item 18. 20e. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) 2Dc. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 19.62 and that death occurred at 1:15 ProMahe causes and on the date stated above. 22b. DATE OR GNATURE SIGNED ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e BURIAL, CREMATION, | 23b. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

CH	AND	RECORDS,	301	w.	PRESTON	STREET,	BALTIMORE	1,	MARYLAND
(	CERT	IFICATE	0	F	DEATH			0	3920

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re-	sidence before admission)
a. COUNTY Wicomico MARYLAND	a. STATE Maryland b. COUNTY Car	roline
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and	give neerest town)
Salisbury 23 days	Eederalsburg	0.5 x 2.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
Deer's Head State Hospital	Davis Lane	YES NO
3. NAME OF First Middle DECEASED (Type or print) Agnes Viola	Last 4. DATE Month OF Hughes DEATH March	1 19 62
Agnes	11011	1/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Colored WIDOWED DIVORCED	B. DATE OF BIRTH  November 6, 1898  9. AGE (In years lest birthday)  Months Did yes.	EAR IF UNDER 24 HRS.  Bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (County & Stele, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY
done during most of working life, even if retired) Housework Home		.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Irving Robinson	Christina Dickerson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (Hyesgivewarordatesofservice)	INFORMANT Address	
	race Hughes, Philadelphia, Pa.	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
PARI I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Cerebral thromb	osis due to arteriosclerosis,	ONSET AND DEATH
	osis due to alterioscierosis,	1 months
Bonorary		2 3110110110
Conditions, if eny, which geve rise to immediate cause		
(a), steting the underlying DUETO		
causa last. (c)		
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	ACE OF INJURY (Home, ferm, 1 20f. (City or town) (Count	(Stete)
	ctory, street, office bldg., etc.)	(31010)
21. I certify that (I) (this hospitel) attended the deceased from	Feb. 6 , 19 62 to March 1 , 19 6	
saw the deceased alive onMarch 119.62., and the	at death occured at 6P.M, from the causes and on th	
220. SIGNATURE V. July	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/2/62 DATE 3/2/62
22c. PHYSICIAN'S NAME (Type) V. Juerman, M. D.	Deer's Head Hospital; Salisbur	
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		
REMOVAL (Specify) Burial March 6,1962 Federal Hil		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
J. J. Framptom and Son, Federalsburg, Ma	ryland DATE MAR 9'62	
	ryland DATE MAR 9 62 Cithy	. Kraus

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funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY pom MARYLAND Maryland Wicomico b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) 5 Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 412 Ann Street YES NOT 3. NAME OF Last 4. DATE Month Yeer DECEASED OF (Type or print) FOUNTAIN DEATH 196 AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. BMARRIED NEVER MARRIED 8. DATE OF last birthday) Months Devs Hours eventy 6,190 WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Auto Mechantic Retired None Salisbury, Maruland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fountain Humphreys Maggie Cordrey 16. SOCIAL SECURITY NO. W. IN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? S. Humphreys (Wife) 412 Ann St Salisbury, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), i INTERVAL BÉTWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: · tro IMMEDIATE CAUSE (e) DUE TO Conditions, if env. gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO E 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, (Stete) 20f. (City or town) (County) factory, street, office bldg., etc. Hour e.m. While Not While at work | et work p.m. 1962 7. 196 7 that (1) (we) last saw the deceased alive on..... 22e. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Dr. William B. Smith Salisbury Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Cemetery Mar. 31, 1962 Salisbury Maryland Parsons Burial 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A1S (4) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 15M 7/61 SALISBURY, MARYLAND Calley & Thous HOLLOWAY & COMPANY DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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SIEEO auty 6, 1900 le sués Brailer I, value 11 ag se and State (22.29) my exception; & Iso's the little of the land Dr. Militer Breatts - - - Daily, Weby lend untell tar 31,1968 . Lancons Canatery . Salismury, lary . HOLZOLAY & CONTANY BALYER, MARYLAND - CALCARD STANDARD MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

19 62

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

NO X

(State)

22b. DATE 162

(State)

6 days

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNT b. COUNTY the the MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 TOWN (If outside corporete limits, write RURAL and give neerest town) by write RURAL end give neerest town) LISBURY NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree) address) IS RESIDENCE ON A FARM? NO T YES DATE Month DECEASED OF (Type or print) DEATH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED X NEVER MARRIED lest birthdey) Months Hours WIDOWED DIVORCED physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FATHER'S NAME please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgive wer or detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: UREMIA IMMEDIATE CAUSE (e) DUE TO URETERAL OBSTRUCTION "FROZEN PELVIS" Conditions, if eny, which geve rise to immediate cause DUE TO EPIDERMOID CARCINOMA CERVIX Uteri (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 2Dt. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from MARCH Z., 1962 to MARCH 3., 1962, that (I) (we) last saw the deceased alive on MARCIT. 3, 19.62, and that death occured at MAM, from the causes and on the date stated above. 22b. DATE 220. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23e. BURIAL, CREMATION, 23b. GILL 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

RYLAND STATE DEPARTMENT OF HEALTH

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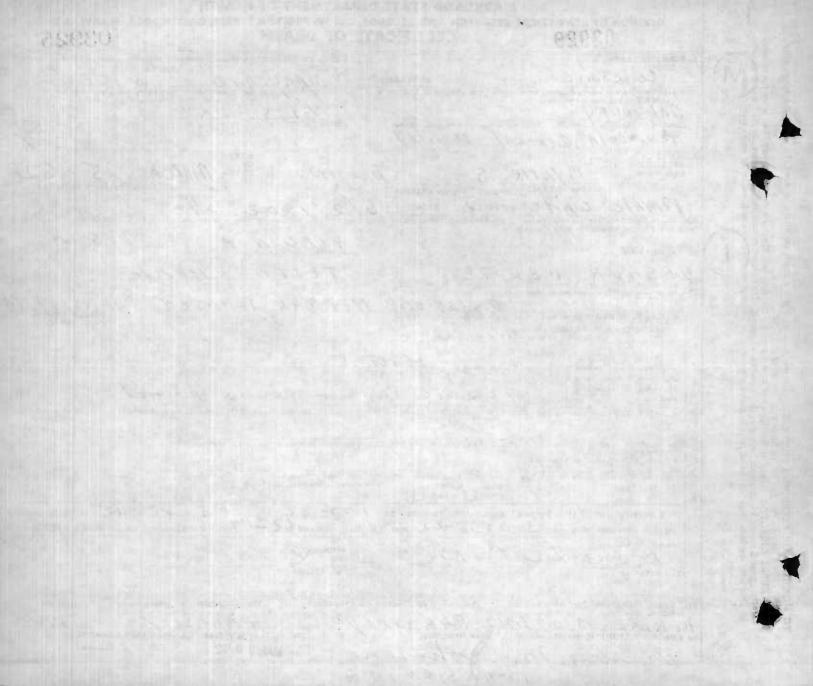
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral tems 5 & 6 lm G308 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY 17 Pe ac O. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR JOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 an é write RURAL and give nearest town) .⊆ ~ Dah 1564-1-4 Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DE 3. NAME OF DATE Last Month Day Yeer DECEASED OF (Type or print) DEATH 19 507 5. SEX AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS and last birthday) Months Hours Male Colored WIDOWED IX 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME S MAIDEN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which gave rise to immediate ceuse DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO -200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Year (County) (Stete) factory, street, office bldg., etc. While Not While Hour a.m. et work | et work | p.m 21. I certify that ## (this hospital) attended the deceased from.... to .... 01 (p 12 that (1) (we) last plnods saw the deceased alive on. ...., and that death occured at .... .A.M. from the causes and on the date stated above. 220. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, Jown or gounty) 23c. NAME OF CEMETERY OR CREMATORY 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 SUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1SM 7/61 DATE MAR 1 arthur S. Trans

certificate

RYLAND STATE DEPARTMENT OF HEALTH

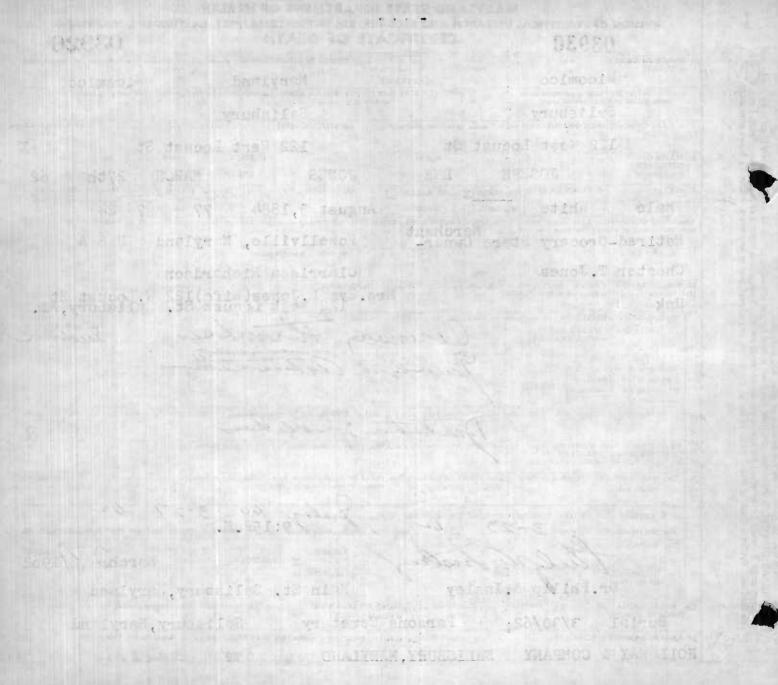
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13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  19. PART II. DEATH WAS CAUSED BY.  10. SOCIAL SECURITY NO. 17. INFORMANT  11. OLD ALL OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  19. PART II. DEATH WAS CAUSED BY.  10. Conditions, if any, which geve itse to immediate cause [10]  10. Conditions, if any, which geve itse to immediate cause [10]  10. Conditions, if any, which geve itse to immediate cause [10]  10. Conditions, if any, which geve itse to immediate cause [10]  10. Conditions, if any, which geve itse to immediate cause [10]  10. Conditions, if any, which geve itse to immediate cause [10]  10. Conditions, if any, which geve itse to immediate cause [10]  10. Conditions, if any, which geve itse to immediate cause [10]  10. Conditions, if any, which geve itse to immediate cause [10]  10. Conditions, if any, which geve itse to immediate cause [10]  10. Conditions, if any, which geve itse to immediate cause [10]  10. Conditions, if any, which get in the cause conditions get in the cause and on the determination of the cause and on the determination o		FEMALE CUBITE WIDOWED DIVORCED 6/2/1902 3-9 yrs.  Do. USUAL OCCUPATION (Give kind of work ) 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)   12.	Deys Hours Mi
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	,	22c. PHYSICIAN'S  ATTENDING MED. DIRECTOR STAFF PHYS.   22d. ADDRESS	Sic
		BURIAL 3/27/1962 PARKSLEY PARKSLEY	



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived. If Institution, Rasidence before admission) a. COUNTY b. COUNTY Wicomico MARYLAND Maryland Wicomico b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO T West Locust St West Locust 3. NAME OF 4. DATE Middle DECEASED OF JOSEPH JONES LEE (Type or print) DEATH MARCH27th 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) death certificate be Months Davs Car Male DIVORCED ē WIDOWED [ August 1884 24 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Retired-Grocery Store Owner-Powellville. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chester T. Jones Clarrissa Richardson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Jones (Wife) 122 lest Locust St. (Yes, no, or unkown) | (If yes giva war or dates of servica) .Locust Unk 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO V 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20f. (City or town) (Steta) Month, Day, Year (County) factory, street, office bldg., atc. While Not While Hour a.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from...... 5P methe causes and on the date stated above. ...., and that death occured a. saw the deceased OR 22a. SIGNATURE ATTENDING X DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S A. Inslev Main St. Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b (Stete) Parsons Cemeterv Salisbury, Maryland ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & SALISBURY MARYLAND DATE 3 0 '62 COMPANY Circhur S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



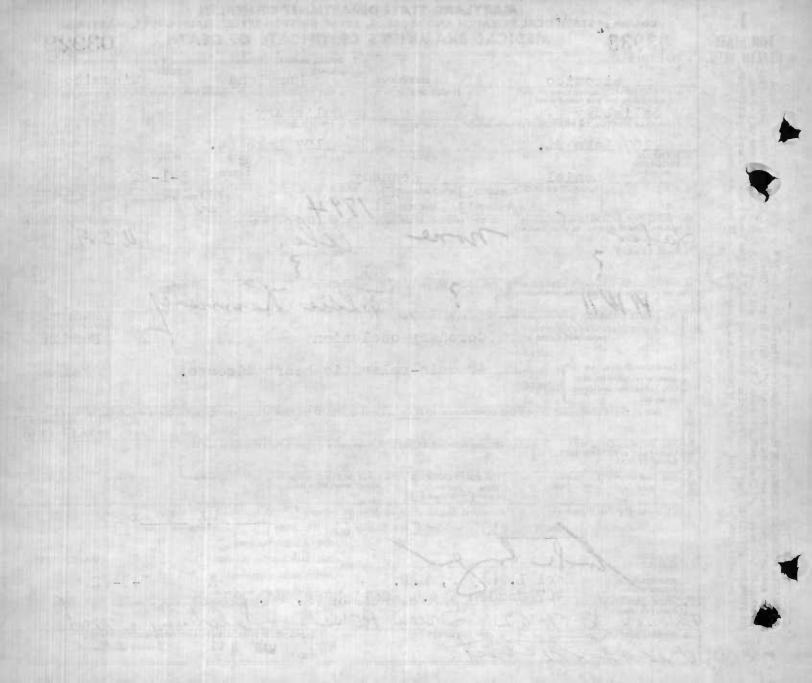
STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE 2. USUAL RESIDENCE (Where decreed lived, If institution: Residence before admission) I. PLACE OF DEATH a. COUNTY e. STATE b. COUNTY Page Health, licomico is necessary files. Wicomico MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) director. write RURAL and give neerest town) your Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ٥ ON A FARM? funeral efained YES NO State Catherine Catherine death. NAME OF Middle 4. DATE Dey Month Yaar DECEASED OF the (Typa or print) DEATH 19 Gertrude Jones 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) 5 n. and 2 w Months Days Hours 64 yrs. WIDOWED. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 20 done during most of working life, aven if retired) pages 1 Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 50 h 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yes give wer or dates of sarvica) permit. This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for a), (b), end (c), INTERVAL BETWEEN Office along burial-transit 2. PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal Conditions, if any, which "pending" i xaminer's O used as a b geve rise to immediate cause DUE TO (e), stating the underlying Examiner ŏ cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(\*) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 execute the certificate, writing the word NO L Medical plnous 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. age 3 solio Chief MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) fectory, streat, office bldg., etc.) While Not Whila Hour e.m. the R: Pa et work et work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion should be forwarded to Maiural causes Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Royer NAME (Typa) Address threat, city, town, or county 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION. (Steta) RSMOVAL (Specify) Cam Green 0 Acreas 0 FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Callins & Trace 5M 9/60

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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, Il institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Wicomico MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) writa RURAL and give naarast town) Walston Switch Walston Switch d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS 0 e. IS RESIDENCE ON A FARM? YES -NO V 3. NAME OF Middle 4. DATE Last Month Day Year DECEASED OF (Type or print) DEATH Annabelle 19 Justic 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. last birthday) Months Hours DIVORCED WIDOWED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRA BIRTHPLACE (State or foreign country) 12. CITIZEN-OF WHAT COUNTRY? ve Pages 1, 2 PM3. Page most of working life, eyan if retired) pages 1 14. MOTHER'S MAIDEN NAME with form ARMED FORCES? (Usuas givewar or datas of servica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN along -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Office alon IMMEDIATE CAUSE (a) Acute congestive heart. sudden DUE TO Hypertensive cardio-vascular disease Conditions, if any, which Years gava rise to immadiata causa DUE TO (a), stating the undarlying used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUXOPSY CERTIFICATION ld be PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. e 3 buri WEDICAL 20e, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) (County) (State) ago o factory, street, office bldg., atc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ly 0 Inspection Inquiry and in my opinion forwarded to DIRECTO death resulted from: Matural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE designal DEPUTY MEDICAL EXAMINER L. Royer, EXAMINER'S Earl 3-17-62 0 NAME (Type) Address (Steed, city, town, or county) Pid | 22d. (DCATION (City, town, or country) CREMATORY , 220. BUR AL, CREMATION, 22b. (State) REMOVAL (Specify) 0 5 UNEXAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60 DATHAR 2 2 '62 arthur S. Thurs

The Court of the C

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY I director. Page for your files. b. COUNTY Wicomico Wicomico Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) for your write RURAL end give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Lake St. 1107 Lake St. YES NO ē 3. NAME OF Middle DATE Month Year DECEASED OF (Type or print) DEATH Danie Kennedy 3-1-62 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. thin 24 hours after dering Give Pages 1, 2, and 3 orm PM3. Page 5 may k File pages 1 and 2 with fatt within 72 hours at AGE (In years buthdey) Months Hours WIDOWED DIVORCED 10a. VSUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) te should be executed within 24 hours ding" in pencil in Item 18. Give Pages 1 eer's Office along with form PM3. Pages as a burial-transit permit. File pages 1 is removal, and in any event within 7. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c). INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Sudden DUF TO Arterio-sclerotic heart disease. Conditions, if eny, which (b) d "pending" i Examiner's O se used as a b Years cale, writing the word "pending" of the Chief Medical Examiner's (P.R. Page 3 should be used as a bring to burial, craw. gave rise to Immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO V 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I Month, Day, Year 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) Not While fectory, street, office bldg., etc.) Hour e.m. While et work et work forwarded to the prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Matural causes X Accident Suicide Homicide Undetermined manner the CHIEF MEDICAL EXAMINER designated ACTUAL Se execute thould be for should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S Earl NAME (Type) gity, town, or county) 22 BURIAL CREMATION. OCATION (City, town, or country) (State) REMOVAL (Specify) ò 0 Wrisk 23. FUNERAL DIRECTOR ADDRESS 24b. REGISTRAR'S SIGNATURE VS. AISME 9 '62 Chillun S. France 5M 9/60 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03934 CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY icomico MARYLAND 245 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) write RURAL and give nearest town) JALISBUR 4DAY d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? ENERAL 705 JEWEL YES NO 2 NAME OF 4. DATE Day Year DECEASED (Type or print) DEATH 1962 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) TRED RAIL RUAD 13. FATHER'S NAME 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) KIRK-DELMAR-DEL NELLIE 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY PERFORMED? NO T CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc. While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 3/4...... 19. 2 and that death occured at 9 AM, from the causes and on the date stated above saw the deceased alive on .... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A1S (4) arthur S. Thomas 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

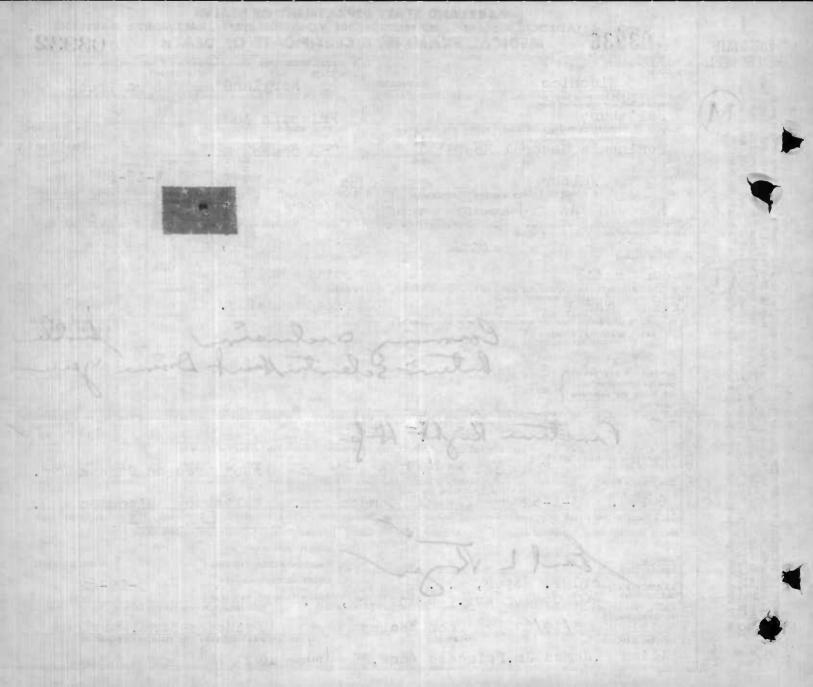
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		Wicomico	MARYLAND	e. STATE	Marvland	B. COUNTY	Talbo	t
		b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corpo	rata limits, write R	URAL end give r	seerest town)
		Salisbury	10Mos.22Days		Easton		20	29.2
		d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddrass)	d. STREET ADDRE				o. IS RESIDER
		Deer's Head Sta	te Hospital		605 Dover	Road		YES NO
ľ	3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Year
I		(Typa or print) Elizabet:	man time over time over time	Locke	DEATH	March	1 2	19 62
ľ	5.	SEX   6. COLOR OR RACE   7. MAR	RIED NEVER MARRIED	. DATE OF BIRTH	9.	AGE (In years   IF		IF UNDER 24 H
		Female Negro WIDO	WED DIVORCED	August 10.	1883	78 yrs.	Months Days	Hours Mi
	10e	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (C	ounty & State, or fo	oraign country)	12. CITIZEN O	F WHAT COUN
	40	woman district the saven if relited)	one one one	Mai	ryland		II.	S. A.
	13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
		John Hines		Sat	rah Jeffe	rson		
	15.		16. SOCIAL SECURITY NO.   17.			Address		
	(10	s, no, or unkown) (if yas giva weror dates of service)	pen 800	Hospital Re	eoords	Salisbu	rv. Mar	vland
H		18. CAUSE OF DEATH [Enter only one cause p	ar lina for (a), (b), and (c).]				INT	ERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	rcinoma of cecum	w/metastas	ses to ab	dominal	l on	S Years
		153 m pue to	20110/110			gans		2
		Conditions, if any, which \ (b)				0		
		gava risa to immadiate ceuse						
-		(a), stating the underlying Cousa last.						
	z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVEN	I IN PART 1(e)   1	9. WAS AUTO
/	ATIC						,	PERFORMEI
	CERTIFICATION	20e. ACCIDENT WAS UNDERLYING []   20b. I	DESCRIBE HOW INJURY OCCURED	. (Entar natura of injury	in Pert I or Part II o	of item 18.)		
	GR	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	N S		d. INJURY OCCURRED   20a. PLA			or town)	(County)	(State
	MEDICAL		hila Not Whila fact	ory, streat, offica bldg.,	atc.)			
		21. I certify that (I) (this hospital) att	anded the decored from	1/13/61	10 to	3/2/62	10 .	hat (1) (wa)
		saw the deceased alive on 3/2/6						
		22e. SIGNATURE		I	/30P.M.		d on me da	22b. DA
		V. Juer	uau .	ATTENDING PHYS.	DIRECTOR T	STAFF PHYS.	March	3. 196
		22c. PHYSICIAN'S	M	22d. ADDRESS		FI		2, 2,0
		NAME (Type) V. Juerman	. M. D.	Deer's	s Head Ho	spital -	- Salisb	ury, Md
	23e	. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY			TION (City, town		(Stata)
	-	PENOVAL (Specify) 3-7-62	Sandtown		Hill			Md
	1-4	( Frances	THE TOTAL	lar	REC'D BY REGISTA	AD DEL DECK	TRADES SIGNIA	
	24	JUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Z5a.	KEC D BY KEGISIN	AK ZOD. KEGIS	STRAR'S SIGNAT	UKE

THEREIGN. Francisco Com Halland Male Amorbe led, Einen, wil.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edinission) a. COUNTY b. COUNTY e. STATE Wicomico MARYLAND Maryland Somerset b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town write RURAL end give neerest town) Salisbury Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE ON A FARM? retained ie State B Peninsula General Hospital YES NO Z Church S 3. NAME OF Middle Month Dev Year DECEASED he OF 3-16-62 (Type or print) DEATH Walter 19 Maddox 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. urs after deliber 1, 2, and ...
Page 5 may it 1 and 2 with 72 hours a Months Deys Hours AA WIDOWED T DIVORCED nding" in pencil in Item 18. Give Pages 1, 2, 18. Inter's Office along with form PM3. Page 5 as a burial-transit permit. File pages 1 and in any contemoral, and in any contemoral. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Tri cess Ann. ofter Hote] 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lottie Maddox John Justic 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) Charlotte Gevtes. Frincess Anne. Md EXAMINER: This certificate should be executed ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) "pending" i xaminer's O used as a b geve rise to immediate ceuse DUE TO (a), steting the underlying Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19, WAS AUTOPSY PERFORMED? sae execute the certificate, writing the word should be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati YES NO TE 20b. DESCRIBE HO INJURY OCCURED. (Effer neture of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. control of car and struck tree Lost on Camden Ave. 20d. INJURY OCCURRED 120a. PLACE OF INJURY (Home, ferm, 1 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While 3-1-602 at work at work Camden Salishury Wicomico Ave. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion y Inquiry death resulted from: Accident C Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Royer. EXAMINER'S NAME (Type) Address (Street, city, town, or county) CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 40 ō John Wesley Frincess Anne . . arvland 23. FUNERAL DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME 1. James Jr. Frincess Anne. Md Chilling & Traces 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03937 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Wicomico County MARYLAND Talbot County b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) 2199 days Oxford Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Deer's Head State Hospital YES NO M 3. NAME OF 4. DATE Month DECEASED (Type or print) Mary Elizabeth DEATH 1962 McLaughlin March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. PATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Deys Female. White WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease Years IMMEDIATE CAUSE (e) DUE TO Arteriosclerosis, general geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, Month, Dev. Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work this hospital) attended the deceased from March 21, ..., 1956, to March 29, ..., 19.62 that (I) (we) last saw the deceased alive 22b. DATE 22e. SIGNATURE 3/29/62 SIGNED ATTENDING PHYS. 22c. PHYSICIAN'S Deer's Head State Hospital Salisbury, Maryland NAME (Type) L. V. Maldve, M.D. 23d. MOCATION (City, town or county) 23c NAME OF CEMETERY OR CHEMATORY (Stete) 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 415 (4) 15M 7/61 arthur & Three

ARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03938

CERTIFICATE OF DEATH

03934 03938 03934

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1. PLACE OF DEATH	1	2. USUAL RESIDEN	ICE (Whare de	ceased lived, If Ir	stitution, Residen	nce before edmis	sion)
•. COUNTY Wicomico		e, STATE Mar	vland	b. COUNT	Y Dorel	nester	1
b. CITY OR TOWN (if outside corporata limits, c. LENG)	MARYLAND TH OF STAY IN 16	c. CITY OR TOWN	0	rate limits, write			
writa RURAL and give nearest town)					a	, 2 2	
Salisbury, Maryland Lyrsl	llmo.22day		bridge		07	2-2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street eddress)	d. STREET ADDRESS				e. IS RESIDE	
Deer's Head State Hospital		5 D	ouglas	Stree	t	YES NO	5
3. NAME OF First	Middle	Last	4. DATE	Month	Day	Yeer	
(Type or print) Martina	Mol	lock	OF DEATH	Marc	h 25	19 6	52
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	ER MARRIED   B.	DATE OF BIRTH	9.	AGE (In years	F UNDER 1 YEAR	IF UNDER 24 F	HRS.
Female Negro WIDOWED		lay 26, 18	97	ast birthday)	Months Deys	Hours M	\in.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUS		11. BIRTHPLACE (Cou	inty & Stete, or I	oreign country)	12. CITIZEN	OF WHAT COUN	VTRY
done during most of working life, even if retired)  Laborer  Food F	acking	Dorches	ton Co	. Md.	Т	JSA	
13. FATHER'S NAME	aching	14. MOTHER'S MAIDEN		• 9 1146		JUA	
				2- T			
Ejean James  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SE	ECURITY NO.   17. II		izabet	h Jone	es		
(Yes, no or unkown) (Ifyesgive war or detes of service)					-		
No    220-09		Lottie Nut	ter, N	anticol			
18. CAUSE OF DEATH [Enter only one cause per line for (a).						TERVAL BETWEE	
PART t. DEATH WAS CAUSED BY: Coronary	y Insuffie	nency				5 min.	
4 10 1 DUE TO		a				0	
Arterios	sclerotic	Cardiovascu	lar dis	ease		7	
geve rise to immediate causa							
(e), stating the underlying DUE TO	thrittie Ch	-4					
cause last. (c)			DIAL DISCASS	CANDITION CIVE	AL INI DADT 11-11	10 WAS ALITO	DEV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		I KELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART I(0)	PERFORME	
3 Pyelonep	phritis cl	hr.				YES NO	
Pyelonep  200. Accident was underlying   200. describe hove of contributing   cause of death   life either, notify medical examiner)	W INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II	of item 18.)			
Z 20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OC		CE OF INJURY (Home, far		or town)	(County)	(Stete	e)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OF While Not Well with work et work et work et work	7 11110	ory, street, office bldg., et	tc.)				
	1	A 2	1 77	Mana OF	60		
21. I certify that (I) (this hospital) attended the							
saw the deceased alive on Mar. 25, 19	.02, and that	death occured at 1.	2.: M Alfom	the causes a	and on the c		
22a. SIGNATURE		ATTENDING	MED.	STAFF		22b. DA	ATE GNED
V. Juerman	M.		DIRECTOR _	PHYS.	Mar.	. 25, 19	162
22c. PHYSICIAN'S		22d. ADDRESS					
NAME (Type) V. Juerman, M.D.		Sa	lisbury	, Marylm	d		
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NA	ME OF CEMETERY	OR CREMATORY	23d. LOC/	ATION (City, low	n or county)	(State)	
Rem-Burial 3/28/1960 Sal	Lem Cemet	toru	Dor	cheste	n Coun	tv. Md.	
	DDRESS /			RAR 25b. REG			
Many VIVICALIANS	11/2 idell	11/1			Irelian & 9		
June 1000 Albert (11.	an ecolife	1114 DATE	MAR 3 0	021	inhulf d. 7	CALLE .	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03030 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Wicomico Maryland Wicomico by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Salisbury (Rural) Salisbury Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Ocean City Road YES NO Ocean City Road 3. NAME OF Middle DATE Year DECEASED MARCH ANDERSON 27th 1962 IRVING MORRIS (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months 200 ys Male Feb. 1.1881 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even il retired) Vanwert, Ohio Retired Farmer Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levi Morris Sarah Dillen 16. SOCIAL SECURITY NO. Mrs. Mary A, Esham Morris (Wife) & Mr. Andrew 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give wer or dates of service) W. Morris (Son) Ocean City Rd. Salisbury, Md. 18. CAUSE OF DEATH [Enter only one cause per line for 16], (b), and (c).] ONSET AND DEATH 20 IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH MEDICAL Month, Dey, Yeer 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While et work at work Certify that (I) (this hospital) attended the deceased from. 5.4. from the causes and on the date stated above. .14. ) and that death occured at ATTENDING March 28 X DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S Maryland Ave. Salisbury, Maryland M.Beardslev 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a, BURIAL, CREMATION, | 23b. REMOVAL (Specify) Mar. 30, 1962 Wicomico Memorial Park Salisbury, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 115 (4) SALISBURY MARYLAND HOLLOWAY & COMPANY DATE MAR 3 0 '62 arthur S. Thank

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNT 1comico MARYLAND 1 elemen b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corpore) limits, write RURAL end give nearest town) write RURAL end give nearest town) LIS BUR d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Lest 4. DATE Middle Month Dey Yeer DECEASED OF (Type or print) DEATH 19 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. bilthday) Months Devs Hours WIDOWED DIVORCED physician AL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ring mod of working life, even if retired) W 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME attending d U.S. ARMED FORCES? SECURITY NO. 1 17. INFORMANT Address Wes give wer or detes of service (Yes, no, or unkow 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO use 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. CIOR 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on..... 22b. DATE 22e. SIGNATURI ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIA 22d. ADDRESS NAME (Type) 232 BURIAL, CREMATION, | 23b. DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY 23d AOCATION (City, Jown or county) (Stete) EMOVAL (Specify 24 FUNERAL DIRECTOR'S ODRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR 14/5 (4) 15M 7/61 DATE APR 9 arthur & thous

Show Sales (032) March 18 2015 Tredung Vergenie Marie The second second 1 morked 11 to Color and the state of the color of the co

X	1>
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed on 24 hours after page 4 may be retained by the hospital or attending physician.	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and poletely filled in by the funeral ior, page 3 should be detached for use as the burial-transit permit. Then please remove carb, papers, Pages 1 and 2 should ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
r certificate be execu	physician and mpl
equires that the death	ined by the attending sit permit. Then pleas on, or removal, and in
(SICIAN: The law rospital or attending)	ertificate has been siguse as the burial-tran rior to burial, cremati
ATTENDING PHY be retained by the	RECTOR: After this could be detached for rate Dept. of Health p
SPITAL OF	JNERAL DI or, page 3 sh ed with the 5

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

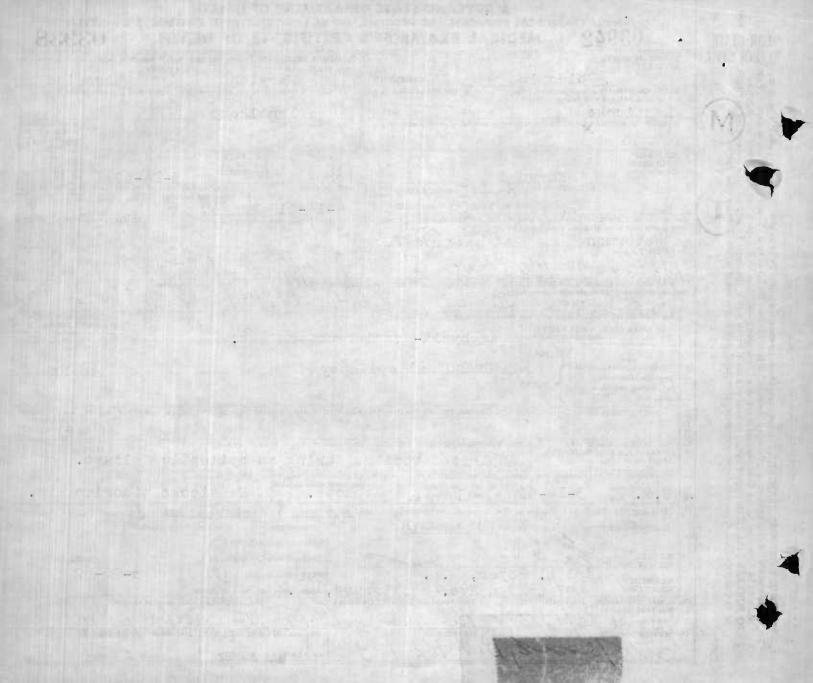
CERTIFICATE OF DEATH

1. PLACE OF DEAT						0307
			2. USUAL RESIDEN	ICE (Where dacaesed liv	ed, If Institution: Resid	
e. COUNTY	icomico	MARYLAND	e. STATE	land b.	Dorch	ester
	(if outside corporeta timit		-	(If outside corporate limits		
	nd giva naarast town)	Lyrs7m0.16days	~		^	612.7
	y, Maryland	f not in hospital, give streat eddrass)	d. STREET ADDRESS	bridge		. IS RESIDENCE
					National Action	ON A FARM?
	Head State				Street	YES NO
3. NAME OF DECEASED (Typa or print)	Bertha	the state of the s	urphy	4. DATE OF DEATH Ma	Month D	19 62
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH		years   IF UNDER 1 YE	
Female	White		ept.28.188	6 last birth	yrs. Months Day	s Hours Min.
Da. USUAL OCCUPA	ATION (Giva kind of work	106. KIND OF BUSINESS OR INDUSTR		1 1	untry)   12. CITIZEN	OF WHAT COUNTRY
done during most of y Homemak	working lifa, aven if retirac	d)	Richans	Head.Md.	T	J.S.
3. FATHER'S NAME	101		14. MOTHER'S MAIDEN			7.0.
	lliam I.	Tonog				
			Rhoda W			
Yes, no, or unknown)	EVER IN U.S. ARMED FOR (Ifyasgivawarordatesofse	ervice)	INFORMANT		ddrass	ridge
No		Cl;	ifford G.M	urphy,813	Roslyn A	ive., Camb
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Crelio School	lie Corde	io Vascul	es Dis	ONSET AND DEATH
[ Lat. ]	DUE TO					1
Conditions, if an	1.16					
geva risa to imma	diate cause					
(e), stating the	underlying DUE TO					
cause lest.	) (c)_			nan pieraes againme		VIA VIA CALIFORNI
PART II. OTH	IER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	- W O	INAL DISEASE CONDITIO	N GIVEN IN PART I(8	PERFORMED?
2		Makele	s //lel	rus		YES NO T
2						Lies [] HO []
	WAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURED	). (Entar nature of injury in	Part I or Part II of itam 18	1.)	1123 [] NO []
20c. TIME OF IN	IG CAUSE OF DEATH FY MEDICAL EXAMINER)  JURY Month, Day, Yea	er   20d. INJURY OCCURRED   20e. PLA	O. (Entar nature of injury in ACE OF INJURY (Home, far lory, strael, offica bldg., et	m, 20f. (City or town)	(County	
20c. TIME OF IN. Hour a.m.	IG CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Day, Yea 19	er   20d. INJURY OCCURRED   20e. PLA   While   NoI While   fact   al work   el work	ACE OF INJURY (Home, far lory, strael, offica bldg., et	m, 20f. (City or town)	(County)	(State)
20c. TIME OF IN Hour a.m p.m	G CAUSE OF DEATH FY MEDICAL EXAMINER)  JURY Month, Day, Yea  . 19  that (I) (this hospit	er   20d. INJURY OCCURRED   20e. PLA   While   Not While   fact   el work	ACE OF INJURY (Home, far lory, strael, offica bldg., et	m, 20f. (City or town)	(County)	(State)
20c. TIME OF IN. Hour a.m p.m 21. I certify saw the dece	G CAUSE OF DEATH FY MEDICAL EXAMINER)  JURY Month, Day, Yes  19  that (I) (this hospit ased alive on	er   20d. INJURY OCCURRED   20e. PLA   While   NoI While   fact   al work   el work	ACE OF INJURY (Home, far lory, strael, offica bldg., et	m, 20f. (City or town)	(County)	(State) , that (I) (we) la date stated abov
20c. TIME OF IN Hour a.m p.m	G CAUSE OF DEATH FY MEDICAL EXAMINER)  JURY Month, Day, Yes  19  that (I) (this hospit ased alive on	er   20d. INJURY OCCURRED   20e. PLA   While   Not While   fact   el work	July 22,  death occured at.	m, 20f. (City or town)  19.5.7, to Marc  2:30 From the ca	(County)	(State)  1, that (I) (we) la date stated above 22b. DATE SIGNE
20c. TIME OF IN. Hour s.m p.m 21. I certify saw the dece 22e. SIGNATURE	GC CAUSE OF DEATH FY MEDICAL EXAMINER)  JURY Month, Day, Yee  19  that (I) (this hospit ased alive on	ar 20d. INJURY OCCURRED 20e. PLA While No! While at work 1 fact all attended the deceased from.	July 22, t death occured at. S	19.5.7, to Marc	(County)	(State)  , that (I) (we) la: date stated above
20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22e. SIGNATURE 22c. PHYSICIAN	G CAUSE OF DEATH FY MEDICAL EXAMINER)  JURY Month, Day, Yee  19  that (I) (this hospit asset alive on	ar 20d. INJURY OCCURRED 20e. PLA While No! While al work   fact all attended the deceased from	ACE OF INJURY (Home, far lory, street, office bidg., et JULY 22	m, 20f. (City or town)  19.5.7, to Marc  2:30 From the ca	(County)	(State)  1, that (I) (we) las date stated above 22b. DATE SIGNET
OR CONTRIBUTING (IF EITHER, NOTH  20c. TIME OF IN Hour a.m. p.m.  21. I certify saw the dece 22e. SIGNATURE	G CAUSE OF DEATH FY MEDICAL EXAMINER)  JURY Month, Day, Yes  that (I) (this hospit ased alive on	ar 20d. INJURY OCCURRED 20e. PLA While No! While al work   fact all attended the deceased from	ACE OF INJURY (Home, far lory, street, office bidg., et  JULY 22	19.5.7, to Marc.  19.5.7 to Marc.  23.30 Parom the ca  MED. STAFF DIRECTOR PHYS.	(County) h 10 , 1962 uses and on the	(State)  1, that (I) (we) las date stated above 22b. DATE SIGNET
20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22e. SIGNATURE 22c. PHYSICIAN NAME (Typ	TON, 23b. DATE THER	ar 20d. INJURY OCCURRED While No! While No! While el work el work 120e. PLA fact el work 12	ACE OF INJURY (Home, far lory, street, office bidg., et  JULY 22, t death occured at  ATTENDING PHYS.  22d. ADDRESS  Salis  OR CREMATORY	m, 20f. (City or town)  19.5.7, to Marc  2.3.4. Harvla  123d, Location (C	(County)	(State)  1, that (I) (we) last date stated above 22b. DATE SIGNE
20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22e. SIGNATURE 22c. PHYSICIAN NAME (Typ) 23a BURIAL, CREMA TEMPOVAL (Spacial Control of the control	TION, 23b. DATE THER	ar 20d. INJURY OCCURRED While No! While No! While el work el work 120e. PLA fact el work 12	ACE OF INJURY (Home, far lory, street, office bidg., et  JULY 22	m, 20f. (City or town)  19.5.7, to Marc  2.3.4. Harvla  123d, Location (C	(County)  h 10 , 1962  uses and on the  K  nd  ity, town or county)  1696-498	(State)  1, that (I) (we) la.  date stated above 22b. Date SIGNE March 10,

TENSE Tan Nath stone 15 average of the state of the sta Cottenies och with the Marketer Dis But of spenty 5-13-62 herenotes were will have Entreprise out Memore from Exilt ylem I . Com o sustens

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S OF DEATH FOR STATE CERTIFICATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) . COUNTY b. COUNTY director. Page is necessary files. Wicomico Marvland MARYLAND Wicomico b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Nanticoke Nanticoke d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARMI YES NO afe NAME OF First Middle Last 4. DATE Month Dev DECEASED OF (Type or print) DEATH 3-14-62 19 Norwood Nutter should be executed within 24 hours after dearing," in pencil in Item 18. Give Pages 1, 2, and 3, 1, r's Office along with form PM3. Page 5 may be a burial-transit permit. File pages 1 and -2-with removal, and in any event within 7/2 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Waterman 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or defes of service) いじょ/と EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Asphyxia- aspirated vomitus. Sudden DUE TO Grand Mal epilepsy Conditions, if eny, which (b) Years "pending" geve rise to immediate ceuse Examiner's DUE TO (e), steting the underlying 5 cause last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati NO 20b, DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Aspirated vomitus during an epileptic CAUSE OF DEATH. seizure. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not Whiley Wicomico P.M. Nanticoke home. et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry A and in my opinion MEDICAL Accident A death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 3-20-62 DEPUTY MEDICAL EXAMINER NAME (Type) Camden Salisbury Addistreet, city, town, or Kunty) DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) 220. BURIAL, CREMATION. 22b. 22c. (State) REMOVAL (Specify) ADDRESS 23. EUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Claring & Krous 5M 9/60

AND STATE DEPARTMENT OF HEALTH



# FOR STATE HEALTH DEPT refuneral director. Page retained for your files. State Board ( Health, is necessary, the State Board delay SEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after dead. If any dead see execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 for fune 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may to relatined TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

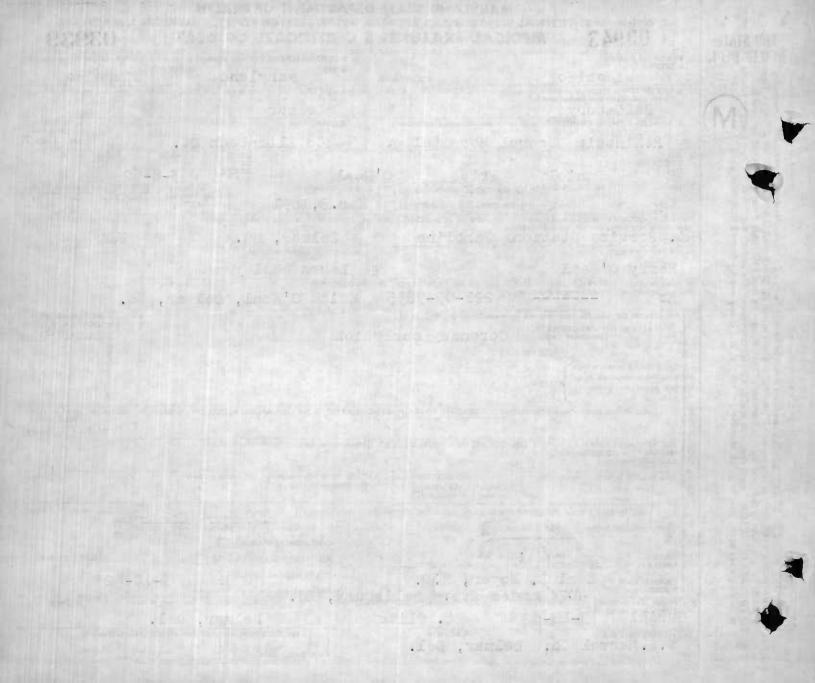
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## MARYLAND STATE DEPARTMENT OF HEALTH

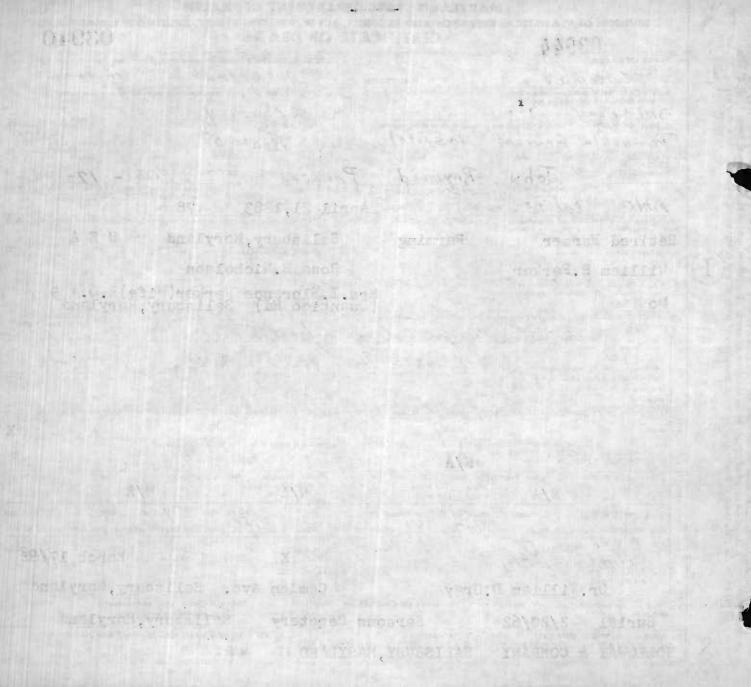
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03943 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03935 03939

	1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	Wicomico Maryland	Maryland b. COUNTY Wicomico
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give naarest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
Ŋ	Salisbury	X Delmar
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS   e. IS RESIDENCE
	Peninsula General Hospital	308 Elizabeth St. YES NO 2
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
		Teal DEATH 3-8-62 19
	7. Market F. Heven Market	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS,   Is under 24 hrs,
	M WIDOWED DIVORCED	Mar. 3, 1891   71yrs.   Months   Days   Hours   Min.
	10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY?
	Rt. Service Station   Gasoline	Delmar, Md. USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
V	Henry O'Neal	Laura Whaley
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yas, no or unkown) (If yasgivawarordalesof service)	
	(Yas, Noor unkown) (If yas giva war or dates of service) 221-05-9835	Edith O'Neal, Delmar, Md.
	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) COPONARY OCCLUS	030
	T Q DUE TO	
	Conditions, if eny, which (b)	
	gave rise to immediate cause  (a), stating the underlying  DUE TO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED.
		YES NO TO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	
	death resulted from: Natural causes X. Accident . Suice	
	1 DY 6	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
-	examiner's Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER 3-10-62
	228, BURIAL, CREMATION, 22b. DATE THEREOF EN 222. NAME OF CEMETERY OF	CKEMATORY 22d, LOCATION (City, town, or country) (Stale)
1	Buriai 3-11-62 Mt. Olive	Delmar, Del.
1	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	W.S.Marvel Co. Delmar, Del.	DATE MAR 1 4 '62 Chilang S. Fliance



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5 ED		03944 CERTIFICATE OF DEATH 03940
The second	A	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission)
urs S S S	1)	a. COUNTY WICOMICU MARYLAND B. STATE MARY / A WO b. COUNTY WICOMICO
ho + ho		b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
24 in b		write RURAL end giva nearest town)  SALIS bury  X SALIS bury
affe aff	01	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)   d. STREET ADDRESS   e. IS RESIDENCE
y fill	82	Peninsula General Haspital Routes YES NOT
etel etel 2 h		3. NAME OF First Middle Last 4. DATE Month Day Yeer
le con		(Type or print) John Raymond PARKER DEATH MARCH - 17-1962
ithi		5. SEX   6. COLOR OR RACE   7. MARRIED   18. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and and carl		Male WIDOWED DIVORCED April 21, 1883   last birthdey) Months Days Hours Min.
cate ian ve		10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & Stete, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
ysic emo		Retired Farmer Farming Salisbury, Maryland U.S.A.
ph ph se re	~	13. FATHER'S NAME
fing lease	T)	William H. Parker Rosa B. Nicholson
e d	9	
The The		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs.I. Florence Parker(Wife)R.D.# 5 (Quantico Rd) Salisbury, Maryland
than the rem		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
sicis d by		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
phy phy gne sit isit		
ng ng n si		Conditions, if any, which > (b) Regenerative Heart Disease in Facture 1 wk
e la endi beel rial- cre		gave rise to immediate cause
Thatte	- 1	(a), stating the underlying DUE TO
the the	1	
CIN pita ifica ifica to o	0	PERFORMED? YES NO TX
PSI hos cert us orio		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMED?  YES NO X  OR CONTRIBUTING TO CAUSE OF DEATH  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMED?  YES NO X  OR CONTRIBUTING TO CAUSE OF DEATH  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMED?  YES NO X  N / A
PH he his for for		OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  N/A
bed the		M/M
Aft Aft of the		While Not While factory, street, office bldg., etc.)
ENT stain Pe de		
TI OF		21. I certify that (I) (this hospital) attended the deceased from
REC PARTITION		saw the deceased alive on
DI Sala		228. SIGNATURE.  ATTENDING MED. STAFF March 17/62 SIGNED  M.D. ATTENDING MED. STAFF PHYS.   M.D. DIRECTOR PHYS.   MED. PHYS. March 17/62
AL AL		Attending MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. March 17/62  22c. PHYSICIAN'S  22d. ADDRESS
Pag Pag Wii	1	NAME (Type)
G to be	1	Dr. William D. Gray   Camden Ave. Salisbury, Maryland   23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (Stete)
O DE O		REMOVAL (Specify)
H		Burial 2/20/62 Parsons Cemetery Salisbury, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 7/61	90	
	MIN	HOILOWAY & COMPANY SALISBURY, MARYLAND DATE MAR 2 0 '62 Outling 8. Thousand

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPIT

VR A15 (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03945 CERTIFICATE OF DEATH 03941

		PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where daceased lived, If Institution	Residence before admission)
	1	Wicomica	MARYLAND	a. STATE Maryland b. COUNTY W	licomico
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL an	d give nearest town)
0	<	Palisbury		X Parsonsburg (Rural)	
之		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
	4	eninsula Coeneral Ha	25 b. tal	R.D.# 2	YES NO 1
	3.	NAME OF First	Middla	Last 4. DATE Month	Dey Year
		(Type or print) //acmar)	Albert	Pochus DEATH Mass	3 1962
	5.	SEX S. COLOR OR RACE 7. MARRIED TO	NEVER MARRIED   8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1	
	n	nate white widowed		March 28, 1909 52 yrs. Hogths	Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work   10b. KIND Come during most of working life, even if retired)	OF BUSINESS OR INDUSTR		IZEN OF WHAT COUNTRY?
			uilder	R.D.#2 Parsonsburg, Md.	USA
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		George W.Perdue		Sadie Adkins	
1	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCI	AL SECURITY NO. 17. I	Pearl E. Perdue (Wife) R.D.#	10
	1.00	No Wassing Wassing Co.	rirs	Parsonsburg, Maryland	4
		IB. CAUSE OF DEATH [Enter only one cause per line fo	r (a), (b), and (c).]	1	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Level, a	Lune al Dullemoner.	ONSET AND DEATH
	1	TO X DUE TO		The Contract of the Contract o	Jacobs
	4	Conditions, if any, which (b)			V
		gave rise to immediate cause			
		(a), stating the underlying DUE TO			
	z	(c)	JTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
	170				PERFORMED?
	EIC.	208. ACCIDENT WAS UNDERLYING []   206. DESCRIBE	HOW INTERV OCCUPED	(Enter natura of injury in Part I or Part II of item 18.)	YES NO NO
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THO WITHOUT OCCURED.	tring hards of injury in rail to rail to flow ip.,	
	3			CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
	MEDICAL		Not While facto	N/A N/A	
		21. I certify that (I) (this hospital) attended	the deceased from	19, 10	that (1) (we) last
		saw the deceased alive on March 3	19.62 and that	death occured as 5.35 M, from the causes and on t	he date stated above,
	10	22a. SIGNATURE	. ()		22b. DATE
		119 lee 8 - 90	On of tame.	D. PHYS. DIRECTOR PHYS.	3.3 CAD
		22c. PHYSICIAN'S		22d. ADDRESS	3342
Н		NAME (Typer. Wilbur R. Elli:	s Jr	Medical Center - Salisbu	ry, Maryland
		BURIAL, CREMATION, 23b. DATE THEREOF   23c.	. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or country)	y) (State)
		Burial Mar. 7, 1962	Bethel Cem	etery-Walston-R.D.# Salisb	ury, Md.
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	H(	DILOWAY & COMPANY SAL	ISBURY, MAR	YLAND DATE MAR 8 '62 archur	S. Krues

The Table with the second state of the second THE RESERVE AND THE PARTY OF TH

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) lay is necessary, al director. Page for your files. Board of-Health, a. COUNTY b. COUNTY Wicomico MARYLAND Maryland Wicomico b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Willards Willards d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? RFD YES NO 3. NAME OF First Middla 4. DATE Last Month Day Year DECEASED (Typa or print) Esther DEATH Marie Peterson 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SFX AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months | Days Hours XXX WIDOWED TO DIVORCED should be executed within 24 hours after 9" in pencil in Item 18. Give Pages 1, 2, at 5. Office along with form PM3. Page 5 in a burial-transit permit, Elle pages 1 and 2 emoval, and in any event within 72 hou 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Housewife Own Home Sweden USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Smedberg Unknown Hannah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or datas of service) Sture Peterson XX Willards, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident Sudden DUE TO Hypertensive cardio-vascular disease-Conditions, if any, which (b) Years d "pending" i Examiner's O e used as a b gave rise to immediate cause DUE TO (e), stating the underlying used i PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NOY . 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing to Chief / Page 3 s fo buria WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Hour e.m. While Not While at work at work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: causes ly Accident Suicide Homicide Undefermined manner the CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE 99 L. Royer DEPUTY MEDICAL EXAMINER EXAMINER'S Earl plnods NAME (Type) Address (Street, city, Iown, or county) 226 OTE Candon AND RAME OF CEMETERY OF CREMATORY 22e. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ö 0 Burial New Hope 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60 DATEAR arthur S. Kraus

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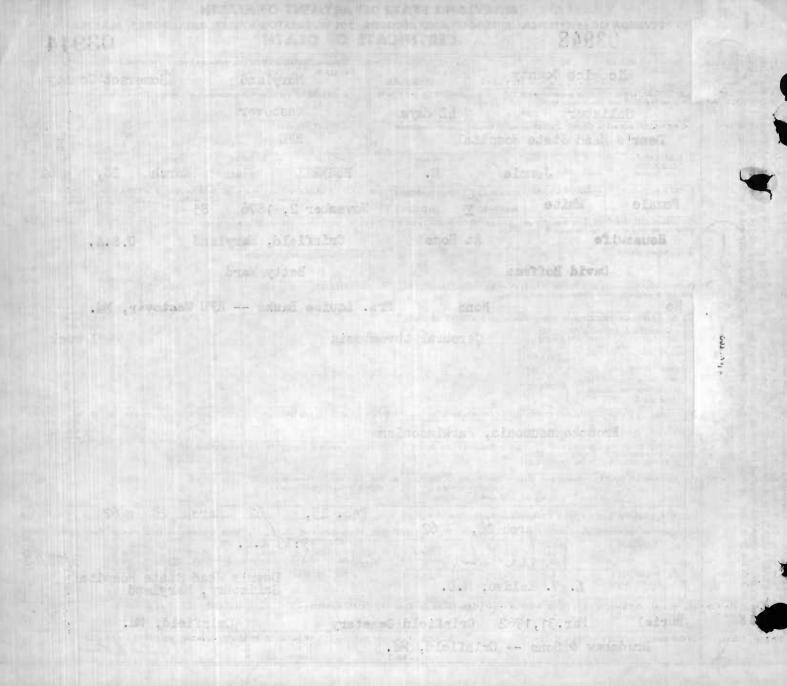
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HYSICIAL	e hospital o	s certificate	or use as the
NDING P	ained by th	R: After thi	detached f
OR ATTE	may be ret	DIRECTO	ed bluods
OSPINA	Page 4	UNERAL	or ector, page 3 should be detached for use as the burial-transit per
T	VR 15.	A1 M	S (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03948

CERTIFICATE OF DEATH 03944

1. PLACE OF I	DEATH Wicomico Coun	+ 11		2. USUAL F		(Where decee	sed lived, If i		sidence befo	re edmission)
			MARYLAND		Maryl		2	omerse	et Com	
b. CITY OR TO	OWN (if outside corporate lim AL end give nearest town)	its,	c. LENGTH OF STAY IN 18	c. CITY O	TOWN (If	outside corporet	e limits, write	RURAL and	give neerest	town)
	Salisbury		41 days		Westo	ver			19X	2
	HOSPITAL OR INSTITUTION			d. STREET						RESIDENCE
	's Head State	•			RFD					M NO
3. NAME OF DECEASED	First		Middle	Last		OF	Month			leer
(Type or print)			E.	PURNE	للا	DEATH	Marc	h 2	28,	19 62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	Н	9. A	GE (In years			DER 24 HRS.
Female	White	WIDOWED		November	2. 1	876	st birthday) 85 yrs.	Months D	eys Hour	s Min.
10a. USUAL OC	CUPATION (Give kind of wor	k 10b. KII	ND OF BUSINESS OR INDUS			& Stele, or fore		12. CITIZ	EN OF WHA	T COUNTRY?
Hous	of working life, even if retire	ed)	At Home	Cris	Sheld.	Maryla	nd	TT S	5.A.	
13. FATHER'S NA				14. MOTHER'S			1100	0.0	9 821 0	
	David Hoff	ma.m			Betty	Ward				
15. WAS DECEA	SED EVER IN U.S. ARMED FOI	RCES?   16. 5	SOCIAL SECURITY NO.   17.	INFORMANT	2000		Address		-	
Yes, no, or unko	wn) (If yes give wer or detes of		Nh Nh	a Louis	Domla	- 017	D 11 1		Ma	
	OF DEATH [Enter only one		one   Vir	s. Louise	DALILK	s nr	D West	over,	Md.	RETWEEN
11	DEATH WAS CAUSED BY:			le d					ONSET AN	ID DEATH
2)	IMMEDIATE CAUSE (a)		Cerebral thro	moosis					1 We	ek
	DUE TO									
	if eny, which ) (b)	1								
	the underlying DUE TO									
cause fest.									,	
PART II.	OTHER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO T	HE TERMINA	L DISEASE CON	NDITION GIV	EN IN PART 1	(e) 19. WA	S AUTOPSY
NEWS THE PROPERTY OF THE PROPE	Bronchopnew	nonia,	Parkinsonism						YES TE	FORMED?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		RIBE HOW INJURY OCCUR	ED. (Enter neture of	injury in Per	rt I or Pert II of i	item 18.)			
Z 20c. TIME O	F INJURY Month, Dey, Ye	er   20d. II	NJURY OCCURRED   200. P.	LACE OF INJURY (I	lome, farm, ;	20f. (City or	town)	(Count	ty)	(Stete)
20c. TIME O Hour		While	1101 111110	ectory, street, office	bidg., etc.)					
	p.m. 19		et work	F-1 7 C		Z0 N-		0 . /	0	
	ify that (I) (this hospi									
	eceased alive onMa	ren zo	19.04., and th	at death occur		.M, from th	e causes	and on th		
22e. SIGNA	TURE	Luly	ly	M.D. ATTENDIN			STAFF PHYS.		3,	28 SIGNED
22c. PHYSIC NAME		aldve,	M.D.	22d. ADD	ne	er's He lisbury	ad Sta	te Hos	spital	
	EMATION, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATIO	-			(State)
Buria!	Mar.31,1	1962	Crisfield Ce	metery		Cri	sfield	, Md.		
24 FUNERAL DIR	ector's signature				25a. REC'D	BY REGISTRA	R 2Sb. REC	SISTRAR'S SI	GNATURE	W W
BI	rdburn or DOMS	OI.	rorrerd, Mr.		DATE AP	R 2 '62	1	Lithur S.	Thank	



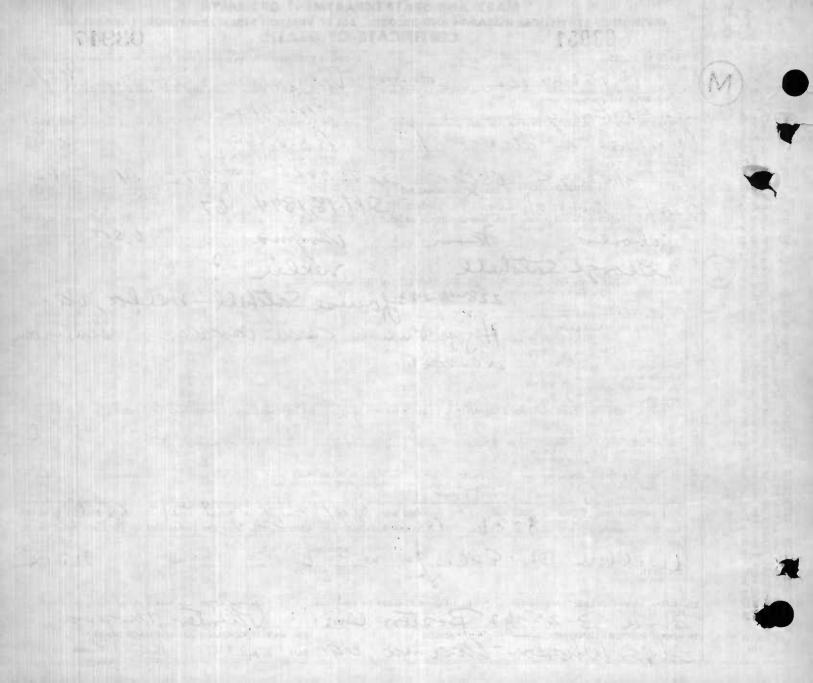
	3949	Item	CERTIFICA	TE OF DEAT	'H		ORE 1, MAI	945	
	Vicomico		MARYLAND	2. USUAL RESIDER		ceased livad, If b. COUN			dmission)
Salis		23		c. CITY OR TOWN	(If outside corporate SS Anne		RURAL and giva	naarast tow	n)
	s Head Stat			d. STREET ADDRESS					ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First		Middle	Last	4. DATE OF DEATH	Month		Yaer	
5. SEX Male	John 6. COLOR OR RACE Colored	7. MARRIED N	homas  EVER MARRIED	Rector D. DATE OF BIRTH		AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER Hours	62 24 HRS. Min.
10a. USUAL OCCUPA done during most of v	TION (Give kind of work vorking life, aven if retira	10h KIND OF	BUSINESS OR INDUSTR	Visinia	nty & State, or	foraign country)	12. CITIZEN C	OF WHAT C	OUNTRY
John T.R	ector			14. MOTHER'S MAIDEN Rachel					
Conditions, if ar gava rise to imme (a), stating tha cause last.	diata causa undarlying DUE TO (c)	Ceribri Lice Lights Contribution Linna	al Shr.	ombosis d Orle DT RELATED TO THE TERM	rio O  NAL DISEASE	eliso.	ON PART (a)	TERVAL BET AND D	DEATH INC.
20a. ACCIDENT V OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER	206. DESCRIBE HO	OW INJURY OCCURED	). (Enter natura of injury in	Part V Part II	of item 18.)	oma	- mineral	NO F
OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJ  Hour a.m. p.m.	G CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Yei	er 20d, INJURY ( While Not at work a	OCCURRED 20a, PLA	CE OF INJURY (Home, far lory, straet, offica bldg., etc	n, 20f. (City	or town)	(County)	YES 🛣	NO [
20c. TIME OF INJ Hour a.m. 21. I certify saw the deces	G CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Ye  19  that (I) (this hospit	or 20d. INJURY ( While Not at work a	OCCURRED 20a, PLA fact work a deceased from	CE OF INJURY (Home, far	20f. (City 1961, to	or town)	(County)	that (I) (vate stated	(Stata)  we) last
20c. TIME OF INJ Hour a.m. p.m. 21. 1 certify	CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Ye  that (I) (this hospit used alive op	or 20d. INJURY ( While Not at work a	OCCURRED 20a. PLA fact work 19.62, and that	deeth occured at  ATTENDING PHYS.  22d. ADDRESS	1961, to 10 A · M · Med.  Director	or town) March] the causes  STAFF PHYS.	(County)	that (1) (vate stated 22b. 3/1/62	(Stata)  We) last d above

MARYLAND STATE DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) COUNTY 100m100 MARYLAND RC 55TU the 12 ARIJLAND 0 b. CITY OR TOWN (if outside corporate limits, c. CITY OR NOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 2 weita RURAL and give nearest town) SALISBURY 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,/give streat eddress) IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF Middla 4. DATE Day Month Yaar DECEASED DEATH (Typa or print) 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Days Hours Se USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY dona during most of working-life, even if retired ABURER BYVARI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VIVIXINON M 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass or unkown) | (If yas give war ar datas of sarvice) 1B. CAUSE OF DEATH [Entar only ona causa per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying causa last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY CERTIFICATION PERFORMED? YES IN NO use prior 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING TI for OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e, PLACE OF INJURY (Home, farm, (Steta) 20d. INJURY OCCURRED | 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, offica bldg., atc.) While Not Whila Hour e.m at work at work D. m CIOR: (4 23 196 2that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from IMAK.C. AM, from the causes and on the date stated above, 196 and that death occured at. saw the deceased alive on S 22b. DATE 22a. SIGNATUR ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d ADDRESS 220 THY SICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR 23e. BURIAL, CREMATION, | 23b. DATE THEREOF (State) REMOVAL (Specify VVGIV REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRES! VR A15 (4) 15M 7/61 DATE

31880 THE RESIDENCE OF THE PROPERTY M event ACIBYO F DAMERSKA NOSEN NOSEN STANDANDE No Man Ford Repository Devel W. P. BOND WENT TO BUT TO SEE

2	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  13951  CERTIFICATE OF DEATH  03947
M	1. PLACE OF DEATH  a. COUNTY  D. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 1b)  2. USUAL RESIDENCE (Where deceased kived, il institution: Residence before edmission by COUNTY  b. COUNTY  C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown)
82	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM
	Jeneral Boysey VES NO [ 3. NAME OF DECEASED (Type or print) Jenige OSCAP Satchell DEATH March 24 1962
	5. SEX  6. COLON OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  9. AGE (In years If UNDER YEAR IF UNDER 24 HR. last birthday)  Months Days Hours Min.  106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTS done during most of working life, even if retired)
T	13. FAVAFR'S NAME  14. MOTHER'S MAINE  14. MOTHER'S MAINE  2000,0
4	15. WAS DECEASED EVER M U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unkown) (Ilyesgive wer or deles of service)  28-48-2/83 forcese Satchell - Melfa, Va  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c))  NITERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  Conditions, il any, which  geve rise to immediate cause (e), stating the underlying  DUE TO  DUE TO  DUE TO
Ŏ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)  20a. CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour e.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County)
	21. I certify that (I) (this hospital) attended the deceased from 5/14/62, 19.
1	226. SIGNATURE  1 O C C C C C M.D.  ATTENDING MED STAFF SIGN  PHYS. DIRECTOR PHYS. 3 2 1-6  226. DATE  SIGN  3 2 2-6  226. DATE  SIGN  3 2 2-6  226. DATE  SIGN  226. DATE  SIGN  227. DIRECTOR PHYS. 2 228  3 2 2-6  228. DATE  SIGN  3 2 2-6  3 2 2-6
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county)  Broad 3-25-62 Boston Com  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SCHATURE
	Edgar Whorlow - Ciccomac, Va DATE MAR 27'62 arthur S. Thomas



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3. NI DE (Ty 5. SEX

10a. l done 13. F/

15. W (Yes, n

Wicomico County	MARYLAND	a. STATE Mar	yland	b. COUN	TV		t Co	
ITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Salisbury	c. LENGTH OF STAY IN 16		outside corpore	te limits, write	RURAL end	give no	(-2	
Deer's Head State Hosp:		d. STREET ADDRESS RFD 1	- Box 41	ļ				A FARM
ME OF First FEASED See or print) Martha		HOOLFIELD	4. DATE OF DEATH	Man	ch	Doy 14,		62
emale   6. COLOR OR RACE   7. MARRIED   WIDOWED	DIVORCED [	A/27/I 6	يلم ا	GE (In years ast birthday)		Days	Hours	Min.
uring most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count		eign country)		ZEN OF	A	OUNTRY
oving Tilghman		LUCY	NAME					
o, or unkown) (Ifyes giva war or detes of service)		NFORMANT	iladol	Address	It			
	ne for (a), (b), end (c).) ertensive arter sease	riosclerotic	cardio v	ascula	r		RVAL BET ET AND I 3 yea	
nditions, if eny, which (b) A77t, verise to immadiate ceusa, steting the underlying basa last.	eriosclerosis,	general					?	
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CO	NDITION GIV	EN IN PART		PERFO	NO X

MEDICAL CERTIFICATION 20 OF (IF 20e. PLACE OF INJURY (Home, farm, (Stete) factory, street, office bldg., etc.) While Not While et work Hour e.m. 21. I certify that (I) (this hospitel) attended the deceased from Nove 16, ...., 1960, to March 14, 1962, that (I) (we) last 

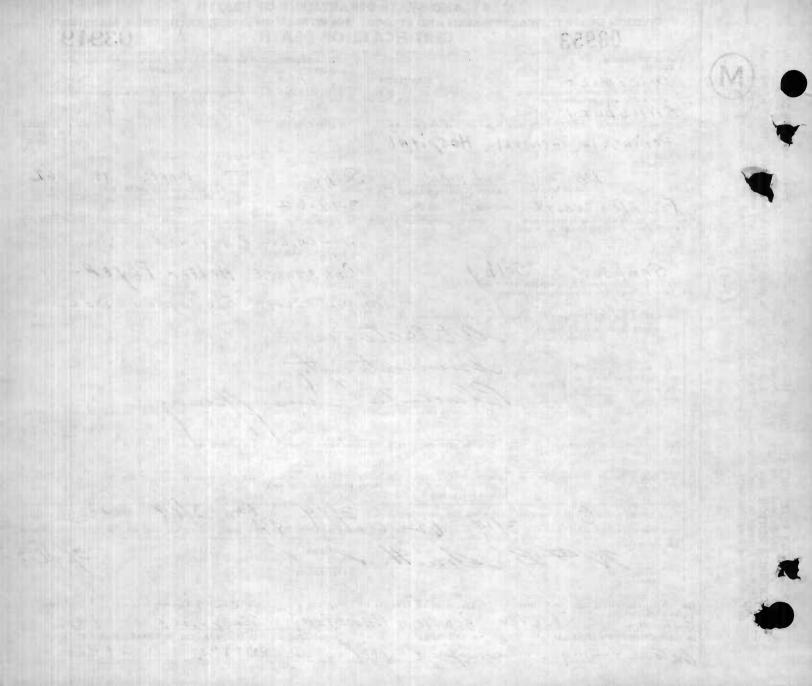
22b. DATE 22e. SIGNATURE MED. STAFF PHYS. ATTENDING Deer's Head State Hospital Salisbury, Md. 22d. ADDRESS 22c. PHYSICIAN'S Juerman, M.D. NAME (Type)

23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stete) REMOVAL (Specify) Christ Pocomoke

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** arling S. France lion H.James J Fr

TO THE PERSON OF THE PROPERTY SERVICES Line Strong M. Company of the Compan Inches of the second se 

		DIVISION OF STATISTICAL RESEARCH AND RECORD	RDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND 03949
7		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if ins	
VI)		Wicomico MARYLANI		JUSSEX V
الإ		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write R	URAL and give neerest town)
82		5A/15b4RY  1. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	FRANKFORD	46 X · 3
000			d. STREET ADDRESS	e. IS RESIDENC
i n	3.	Peninsula General Hospital NAME OF First Middle	Last 4. DATE Month	YES NO X
		DECEASED (Type or print)	Selhy DEATH MARC	
-	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF AIRTH 9. AGE (In years   IF	
		Female White WIDOWED DIVORCED	3-19-62 last birthday) N	Nonths Deys Hours Min.
	1Da	USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDU		12. CITIZEN OF WHAT COUNTR
	00	e during most of working life, even if retired)	WICOMICO - MARYLAND	U. S A.
197	13.	FATHER'S NAME	WICOMICO - MARYLAND	
7		SAMPSON Selby	CONSTANCE HeleNA	FRYER.
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, no, or unkown) [lifyesgivewerordatesofservice]	. INFORMANT Address	
			AMPSON SELBY - FRANKFOR	
74.3	8	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I, DEATH WAS CAUSED BY:	9-1	INTERVAL BÉTWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (0) WILLIAM	ans	
		Conditions, if any, which	4-14	
24		gave rise to immediate cause	rung,	
200		(e), stating the underlying DUETO	1	
0	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISPASE CONDITION OF THE	IN PART 1(a) 19. WAS AUTOPS
	CATI		//	YES NO
1	CERTIFICATION	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter neture of injury in Pert I or Pert II of item 18.)	
9		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De.	PLACE OF INJURY (Home, ferm, 20f. (City or town)	(County) (State)
	MEDICAL	Hour e.m. While Not While et work at work	ectory, street, office bldg., etc.)	
77	4	21. I certify that (this hospital) attended the deceased fro	3/19 196210 3/19	, 1962, That (I) (we) la
		saw the deceased alive on 3/19 19/02 and the	nat death occured at J.M., from the causes an	
		22e. SIGNATURE	AFTENDING MED STAFF	22b. DATE
1		M & B. Smith	M.P. PHYS. DIRECTOR PHYS.	7/9/6
1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		or county) (State)
	K-54	URIAL 9/20/64 KeD Mens C		Del.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGIS	
	n	alson + Bray Frankford, I	lel. DATE MAR 21 '62 C	enthur S. Thomas
	2	-142394		



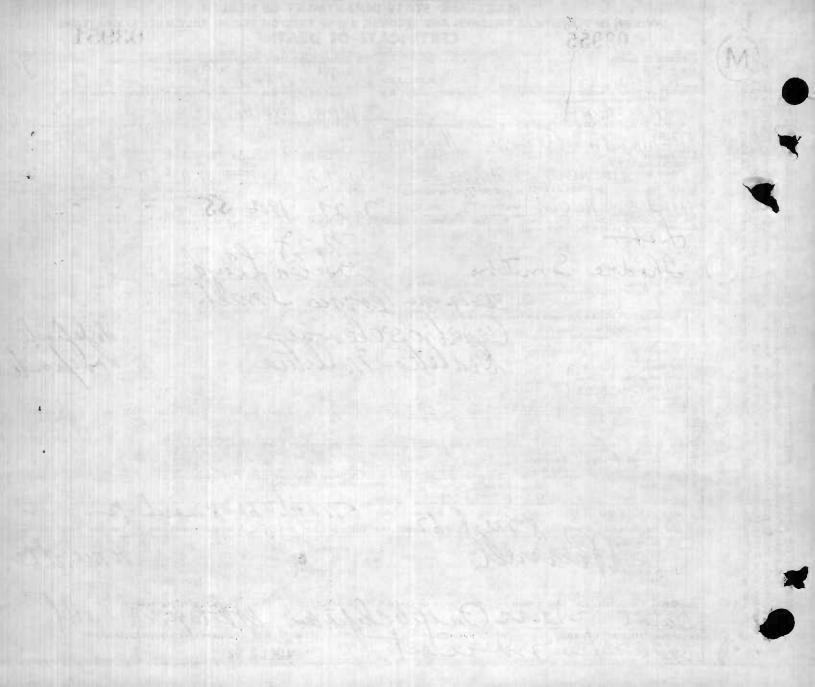
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. Wicomico MARYLAND Maryland Worcester b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearast town) Berlin Salisbury Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer's Head State Hospital YES NO Broad Street 3. NAME OF 4. DATE Day Middle DECEASED OF DEATH 1962 (Typa or print) William Webster 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED Male certificate ng physician , even 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db, KIND OF BUSINESS OR INDUSTRY | 11. dong during most of working life, aven if ratirad) KETIRED HAR MACI ST 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyesgiva war or detas of service) Hospital Records -- Salisbury, Maryland 0 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of Prostate Gland w/metastases 2 Years IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediata causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2De. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED I Month, Day, Year factory, street, offica bldg., etc.) Whila Not While Hour a.m. at work 21. I certify that (I) (this hospital), attended the deceased from 2/15/62 , 19 , to 3/3/62 , 19 , that (I) (we) last saw the deceased alive on...3/3/52 22a. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. March MD FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Deer's Head State Hospital - Salisbury Juerman. CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) CHURCHXARD BRLIN 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE MAR Chilling & Thous 15M 9/60

OF RIME st seal at velle THAN MAIN ST. Kenses CENTERANT U.S.A. CECCCE DEWARD CHARACTER MILEY No. 2 No. 1 194 10 - 7 PS & CENT - MONTHS - MAY TO THE PROPERTY OF V hervacence The state of the s Mine to the the section out in the

# Ampletely filled in by the funeral name of papers. Pages 1 and 2 strouds within 72 hours after death rs after HOST, AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ampletely director, page 3 should be detached for use as the burial-transit permit. Then please remove car, in papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03955 CERTIFICATE OF DEATH 03951

00000	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
NICOMICU: MARYLAND	MARYLAND B. COUNTY DRCESTER
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
DAHSBURN	What EXVILLE 23X-2
d. NAME OF HOSPITAL OR INSTITUTION (il not In hospitel, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
PENINSULA GENERAL HOSPITAL	YES NO
3. NAME OF DECEASED / First Middle	Lest 4. DATE Month Day Year OF
(Type or print) HORACE HNOREWS	Smith DEATH MARCH 8 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH  9. ÄGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months   Days   Hours   Min.
MEGRO WIDOWED DIVORCED	7-27 1906 03 yrs 1-1-
foa. USUAK OCCUPATION (Give kind of work done during most of working life, even if retired)	11. EIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	n-7.
S. TAIRER NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. X	NFORMANT Address
(Yes, no, or unkown) (Ifyesgive were detes of service)	mich
18. CAUSE OF DEATH Enter only one cause perfine for (e), (b) and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND PLATH
IMMEDIATE CAUSE (e)	le so fine
Conditions, if any, which	mollitus melinit
gave rise to immediate cause	i for the state of
(e), stating the underlying cause last. (c)	
- Control of the cont	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
	(Enter neture of injury in Pert I or Pert II of item 18.)
	CE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
at west at west	lory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	5 March 19.6210 8 March, 19/2 that (1) (we) last
(757MA // 7)	death occured at
22e. SIGNATURE	22b. DAJE
Hannell, M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIVIDING TO THE TOTAL TO THE
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23b NAME OF CEMETERY (	OF CREMATORY 23d, LOCATION (City, town or county) (Steps)
Durgel 5-12-62 Vergels Cs	Repel Com Mulay Sille MA
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 26b. REGISTRAR'S SIGNATURE
Jane model	DATMAR 1 3 '62   Calling & France



	13930	TE OF DEATH 03	952
(V	DLACE OF DEATH  COUNTY  Wicomico  MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Res a. STATE Maryland b. COUNTY Kent	sidence before edmission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Salisbury  38 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and s Chestertown	give neerest town)
91	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  Deer's Head State Hospital	d. STREET ADDRESS 417 High Street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) James Andrew	OF	Dey Yeer 22 19 62
1	The state of the s	B. DATE OF BIRTH  June 24, 1878  9. AGE (In years lift UNDER 1 YE last birthday)  Months Da	EAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Carpenter		EN OF WHAT COUNTRY?
	James H. Smith	Sarah A. Atkinson	
		INFORMANT Katie Smith - 417 High St.	Chestertown Maryland
		ic cardiovascular disease	ONSET AND DEATH 2 yrs
	Conditions, if eny, which gave rise to immediate cause (e), stating the underlying  DUE TO  DUE TO		
0	Cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I		PERFORMED?
	Fracture of left hip, intertrochs  OR CONTRIBUTING CONTRIBUTING TO DEATH BUT IN  Fracture of left hip, intertrochs OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTIONS CONT	ANTIGEL C  ED. (Enter nature of injury in Pert I or Pert II of item 18.)	YES NO X
	3 20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. P	LACE OF INJURY (Home, farm, 20f. (City or town) colory, street, office bldg., etc.)	y) (Stete)
	21. I certify that (1) (this hospital) attended in deceased from	Feb. 12, 1962, to March 22, 1962 at death occured at	
1	22c. PHYSIGHALS & COLLEGE	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 32  22d. ADDRESS	3/22/62 DATE SIGNED,
/	NAME (Type) Lee L. Lawry, M.D.  23a, BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER)	Deer's Head Hospital; Salisbur	y, Md. (Stete)
0	Burial Mar. 24, 1962 Chester	Cemetery Chestertown, Monester   258, REGISTRAR   258, RE	d.
Th	Jules Welly milli mels	Md. DATE MAR 2 7 '62 Coming &.	

CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE PARTY OF TH

1		MARYLAND STATE DE	<b>EPARTMENT OF HEALTH</b> S, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
		03957 CERTIFICAT	E OF DEATH	03953
funera should should	1.	PLACE OF DEATH  COUNTY  WICOMICO  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution e. STATE  AD R.D. / A.D. / B. COUNTY	/
by the and 2 and 2 death.		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give neerest town)
in belling sages rs affect safes	1	SATISBURY  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
ute.	3.	YENINSULA GENERAL MOSPITAL NAME OF First Middle	Last 4. DATE Month OF	Dey Yeer
within with	5.	(Type or print)  MARY E1, 3 H be th  SEX   6. COLOR OR RACE T. MARRIED   B.	DEATH MARCH  DEATH MARCH  9. AGE (In years   IF UNDER	
an at.	10.	Fe male Negro widowed Divorced Nouse USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	Mar. 7, 1906 St hirthdey) Months  Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. C	Deys Hours Min.
physici remover any ev	de	eduring most of working life, even pretired)  HOUSE WIFE  FATHER'S NAME	Maryland  14. MOTHER'S MAIDENNAME	U.S.A.
death nding please	L	Robert Landing	Mary E. Coston	
Then Then		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. 10. 30 unkown) (If yes give were references of service)	bert Smith Westove	r. Md.
ires th sician. I by th sermit. or rem		1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)	On the Deller	ONSET AND DEATH
w required physical p		331× DUE TO 09/1/1	Crawing of Court	g
The lay trending s been surial-tr		Conditions, if any, which gave rise to immediate cause (e), stelling the underlying DUE TO	and c	
I.A.N: al or a sate ha sate he buria	NOT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED?
YSICI hospit certific r use a prior te	CERTIFICATI		. (Enter neture of injury in Pert I or Pert II of item 18.)	YES NO
G PH by the er this hed for lealth		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLACE	CE OF INJURY (Home, ferm, † 20f. (City or town) (Ci	ounty) (Stete)
NDIN B: Aft detacl detacl t. of b	MEDICAL		ory, street, office bldg., etc.]	
ATTE be ref ECTO uld be ste Dep		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death occured atM, from the causes and on	
OR The Step		220. SIGNATURE	ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
Page VERAI		22c. PHYSICIAN'S NAME (TYPE) ARRIVE HE ARN	22d. ADDRESS Where sin A	, Salestin
Se filec	23	REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
VR AIS (4)	24	Meral Director's signature Address Address	ve Cem, We stover,	S SIGNATURE
1SM 7/61	لا	anull savge New Chur	ch, Va. DATE MAR 2 2 '62	8. Kins

Mars 7, 1966 SE A2.0 bordyon in the second IN THE TENED TO BE SON THE THE STATE OF THE Sured 3 18-62 Collect Good Gent Mes-lover, A STATE OF THE STA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) 1-62 write RURAL and give neerest town) Salisbury Fruitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pen Gen Hosp YES NO Streen Green 3. NAME OF First Middle 4. DATE DECEASED CHARLES (Type or print) HENRY SMULLEN DEATH MARCH 26 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours Male WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Retired Farmer Worcester County, Md. MOTHER'S MAIDEN NAME Farming USA 13. FATHER'S NAME Charles H. Smullen Clarrisa Jane Smullen Smullen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mr. Marion Rodney Smullen(Son) Green St 16. SOCIAL SECURITY NO. (Yes, no, or unkown) [ (If yes give war or dates of service) Fruitland. Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if ony, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stete) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e.m While Not While et work at work D.m. 21. I certify that (1) (this hospital) attended the deceased from. . 76 19 6 2 and that death occurred 5: 20 A from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. March M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Medical Center-Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Mar. 28, 1962 Smullen Family Cemetery(St Luke)R.D. #Salisbury, Md. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

SALISBURY MARYLAND

MAR 3 0 '62

DATE

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VR A15 (4) 15M 7/61

HOLLOWAY &

COMPANY

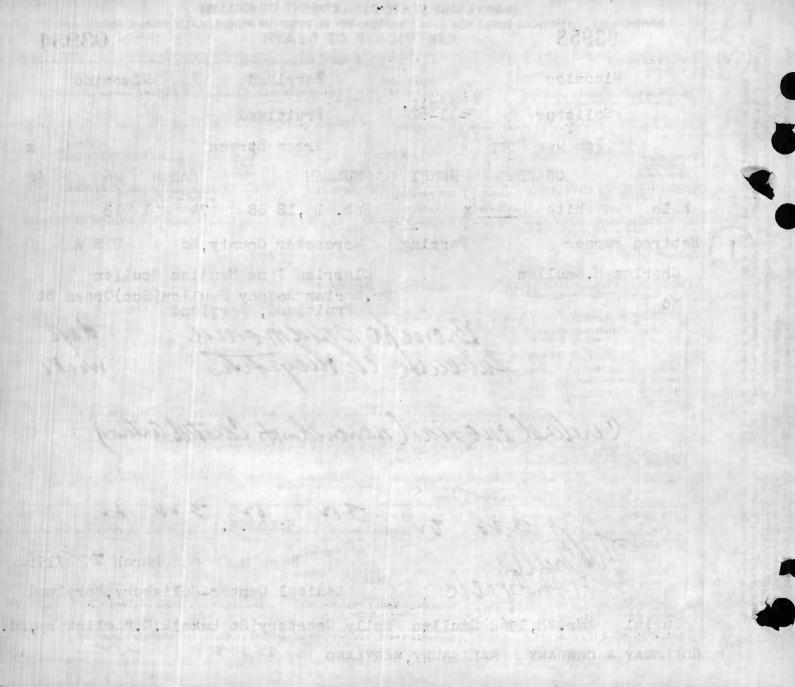
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physician

attending parties Then please val, and in

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24 hours after

requires that the death cer

		of statistica 03959	****	YLAND STATE D ARCH AND RECORD CERTIFICA	05, 301 W. PRESTO	N STREE		ORE 1, MAR 03:	RYLAND 955
1,	PLACE OF DEATH	н			2. USUAL RESIDENCE	E (Where dec			nce belore edmission)
		comico		MARYLAND	e. STATE Mary	raand.	b. COUNT	Wicon	nico
	write RURAL end	il outside corporate limits d give nearest lown) Dron		c. LENGTH OF STAY IN 16	c. city or town (i		orate limits, write	RURAL and give	neerest town)
		12 40 40 10 10	not in hos	pitel, give street eddress)	d. STREET ADDRESS	COLL			e. IS RESIDENCE
	R.	D.# 1			R.D	# 1			YES NO
3.	NAME OF DECEASED	First		Middle	Lost	4. DATE	Month	Day	Yeer
	(Type or print)	CARR	E	MAE	TAYLOR	DEATH	MARCH	3rd	19 62
5.	SEX	6. COLOR OR RACE	. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9.	The said to the A. P.	IF UNDER 1 YEAR	
	Female	White	WIDOWE		March 4.18'	78	last birthday)   83 yrs.	Marity 28	Hours Min.
de	one during most of wo	TON (Give kind of work orking life, even if retired k at Home		IND OF BUSINESS OR INDUSTI		y & Stete, or f		U S	A COUNTRY
	. FATHER'S NAME	11 00 110110			14. MOTHER'S MAIDEN		.O.LIO	1 0 10	
	Zackari	ah S.Phill	ins		Mary Eli:	zaheth	Kenne	ทาง	
	. WAS DECEASED EV	(ER IN U.S. ARMED FORCE	ES?   16.	SOCIAL SECURITY NO. MY	John B. Ta	vlor(H	usband		Hebron
		DEATH (Enter only one	ause per l	ine for (a), (b), and (c).]				I IN	TERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (0)_		arch	I thomfor	que			4 dags.
	33.	DUE TO			, .			N (1) A	'
	Conditions, if any	[-/_		arbrin	elivas			2	overlyer
	(e), stating the	DIJE TO							
	cause last.	) (c)_							
NO	PART II. OTHE			TRIBUTING TO DEATH BUT NO	Aug.			N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT				Parkinsons de					YES NO
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DES	CRIBE HOW INJURY OCCURED	D. (Enter neture of injury in F	Peril or Peril	ol item 18.)		
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	N/A 19	20d. While	Not While fac	ACE OF INJURY (Home, larm tory, street, office bldg., etc.		or town) N/A	(County)	(Stete)
			*	ded the deceased from.	1. 0.71	19.5 2 to P. M. from			that (I) (we) las
	220. SIGNATURE								22b. DATE

CERTIFICATION 20 MEDICAL 2 ) last bove ATTENDING March 5/1962 STAFF PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Ernest M. Larmore Delmar, Delaware 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slate) REMOVAL (Specily) Burial Church Cemetery - Riverton, Maryland | 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE March. 6, 1962 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS arthur S. Kraus 8 '62 DATE MAR HOLLOWAY & COMPANY SALISBURY, MARYLAND

BOTH TRYAL BOTTON THE PERSON NAMED IN POSSION A CONTRACTOR OF THE PROPERTY O 4-2280-1 to symant for the second of th and the state of t THE PARTY OF THE PROPERTY OF THE PROPERTY AND RELIGIOUS

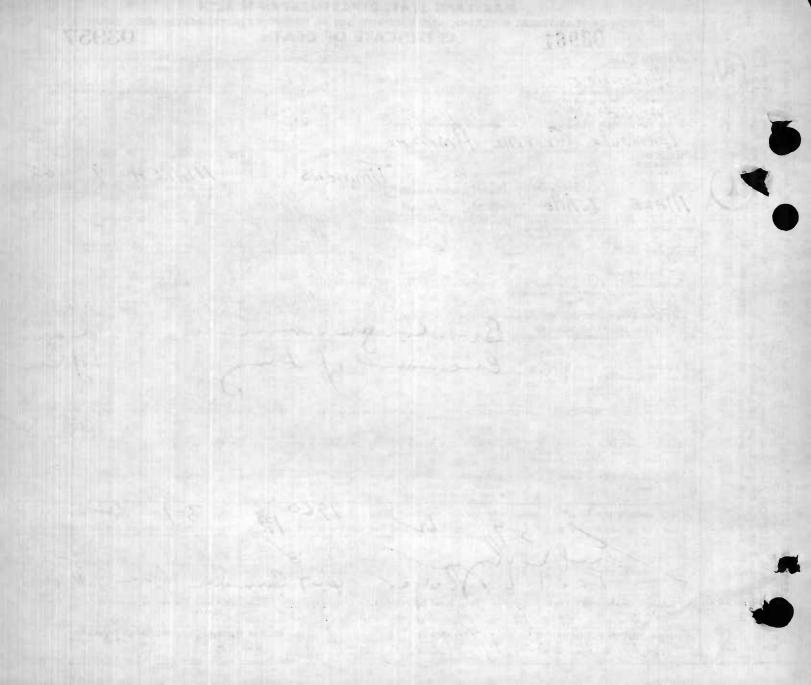
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03960 funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY nd 2 nd 2 eath. Somereset WICOMICO MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) SAlisbu Ky RINCESS Pages d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO NAME OF 4. DATE DECEASED DEATH (Type or print) 19 IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Hours WIDOWED physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired) please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Then please Wilson Henrietta Fallon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) lman, Princess Arne, Md 18. CAUSE OF DEATH [Enter only one cause per line for (e) /(b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cardioracular Kenal geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION as of PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING \_ CAUSE OF DEATH may be retained by the DIRECTOR: After this should be detached for MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. at work saw the deceased alive 22b. DATE SIGNED STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Frizacca 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE H. Jones Jr. Princess Anne Cirilian & Trains

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Water Su THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY The grant to make the latter the latter I Nicoland The state of the s on and second the Svar of the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03961 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If Institution: Residence before admission) a. COUNT b. COUNTY # 5 p comir o MARYLAND and b. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If purside corporata limits, write RURAL and give nearest lown) write RURAL and give nearest town) 15BUR Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? FNINSU YES NO ENERH NAME OF 3. Middle Last DATE Month Day Yeer 4 DECEASED (Type or print) DEATH 1960 MONS 5. SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Deys WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME die 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unkown) | Hyesgive war or detes of service 1B. CAUSE OF DEATH [Enter only one cause penline for (e), (b), and (c). INTERVAL BÉTWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO attending Conditions, il eny, which gava rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO L 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 1B.) may be retained by the bound by the bound be detached for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, larm, (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 201. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. to...... saw the deceased DATE 22e. SIGNATURE 22b. ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOYAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) **ADDRESS** Cillus D. Mishands MAR 15M 7/61 DATE

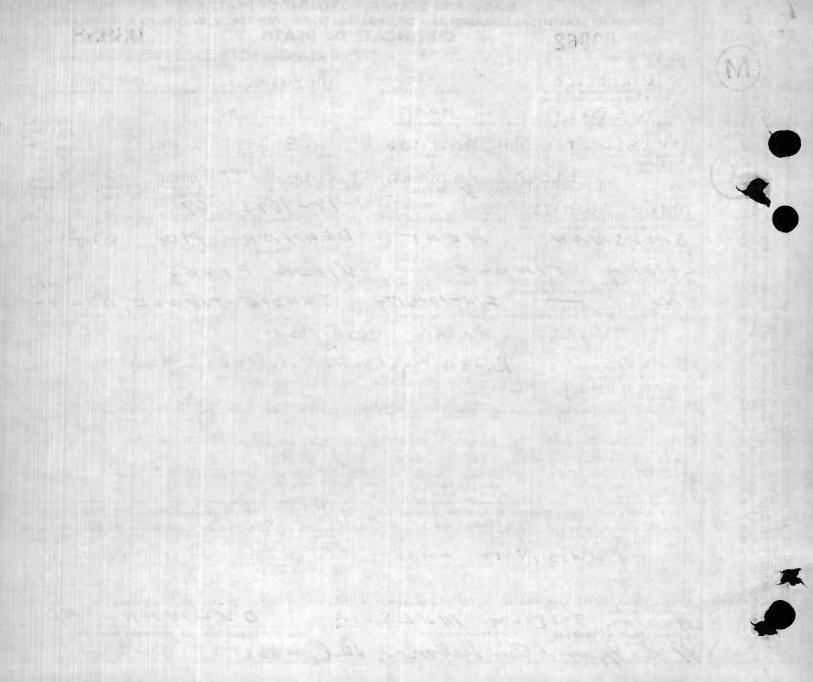
MARYLAND STATE DEPARTMENT OF HEALTH



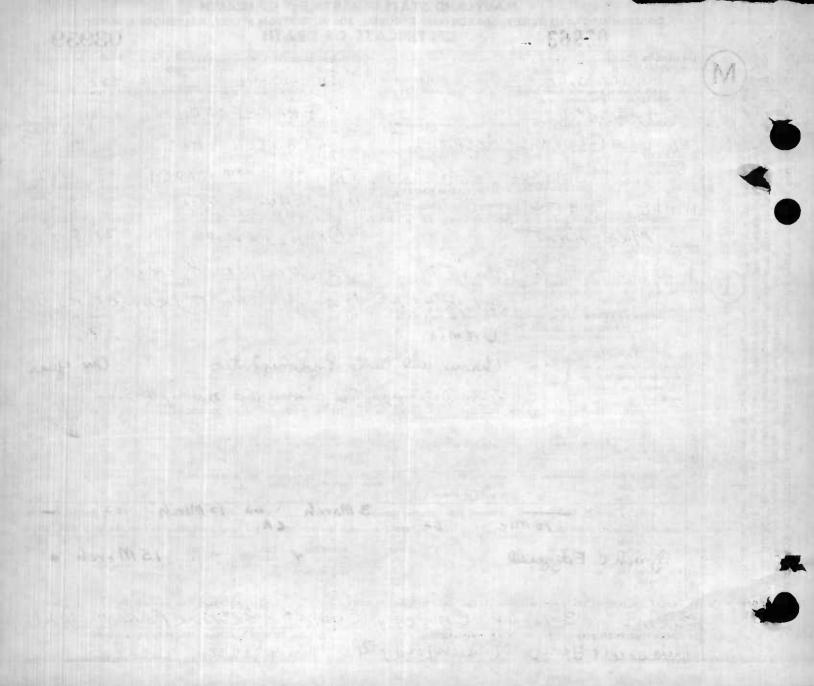
X	2	1
hin 24 hours after	ed in by the funeral	after death.
be executive	d completery fills	nt, 1 whin 72 hours
DS: AL OR ATTENDING PHYSICIAN: The law requires that the death cer. be execut	. "age 4 may be retained by the hospital or attending physician.  WEBST DIRECTOR. After this certificate has been signed by the attending physician." A completely filled in by the funeral	or standard and the State Dept of Health prior to burial, cremation, or removal, and in any event, whin 72 hours after death.
The law requires tha	Note 1 Note 1 to 1 to 2 to 2 to 3 to 3 to 3 to 3 to 3 to 3	ourial-transit permit.
3 PHYSICIAN:	y the hospital or a	ed for use as the bealth prior to buria
OR ATTENDING	may be retained b	3 should be detach
DS: AL	NEBAT	or, page

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03962	CERTIFICATE	OF DEATH	03958
1. PLACE OF DEATH a. COUNTY	2.		aasad livad, If institution: Rasidance before admission
1 . 1	MARYLAND	a. STATE	b. COUNTY
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	rata limits, writa RURAL and give neerast town)
write RURAL and give nearest town) SALIS BURY	18 DAM )	DELMAR	
d. NAME OF HOSPITAL OR INSTITUTION (it not in ho		d. STREET ADDRESS	a. IS RESIDENCE
PENINGULA GENERAL	HOSPITAL	403 EAST	STREET YES NO Z
TENINSULA GENERAL  3. NAME OF	Middle	Last 4. DATE	Month Day Year
DECEASED (Type or print)	2	OF DEATH	Magail 22 10/2
LLO41)	KAYMOND )	INGLE	MARCH 22 1962 AGE (In years   IF UNDER 1 YEAR) IF UNDER 24 HRS.
/. MAKKI			last birthday) Months   Deys   Hours   Min.
MALE WHITE WIDOW		-18-1893	6 9yrs.
done during most of working life, even if ratirad)	NIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (County & State, or fo	breigh country)
	MEAT		190- USA
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME	
ELISHA TING		VIOLA FI	665
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yas, no, or unkown)   (Ifyesgivawarordatesofservice)	SOCIAL SECURITY NO. 17. INF	ORMANT	Address M.D.
	14-10-6174	JERDIE 7	INGLE, DELMAI
18. CAUSE OF DEATH [Enter only one cause per	lina for (a), (b), and (c).]		INTERVAL BÉTWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	REBABL ME	TASTASIS-	6 hos.
101			
Conditions, if any, which ) (b) RH	LAR On my , SAR	leona-Bicep	5 MYSCHE-
	17.5 00 1 10 2 11		
(a), stating the underlying DUE TO			
causa last. (c)	NTRIBILITING TO DEATH BUT NOT BE	LATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
E STAN II. OTHER STORM CONDITIONS	THE STATE OF THE PARTY OF THE P	LEATED TO THE TERMINAL DISEASE	PERFORMED?
85			YES NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED. (Er	ter natura of injury in Part I or Part II o	of Itam 18.)
20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While all wo		OF INJURY (Homa, farm, 20f. (City street, offica bldg., etc.)	or town) (County) (State)
p.m. 19 af we	ork at work	00	
21. I certify that (I) (this hospital) atter	nded the deceased from	4 Mar, 1962, 10.	2 2 1he 196 7 that (1) (we) la
saw the deceased alive on22. N	1962 and that de	eth occured at 2. AM. from	the causes and on the date stated abov
228. SIGNATURE			22b, DATE
I for Dray Kew	Y dis M.D.	PHYS. DIRECTOR	STAFF PHYS. 7 22 na 62
22c. PHYSICIAN'S	M.D.	22d. ADDRESS	
NAME (Type)			
23a. BURIAL, CREMATION, 23b. DATE THEREOF	Los Williams of Conference on	CD511 1 TODA	TION (City, town or county) (Stata)
A.M. DARIAL, CREMATION, 1430, DATE THEREOF	23c. NAME OF CEMETERY OR	CKEMATORY 23d, LOCA	HON (City, lown of county) (State)
REMOVAL (Specify)			
13 c 12/14 2 3-25-62	MELSO	IV DE	LIMAR- MD.
REMOVAL (Specify)  13 C 12/1+ 3 - 25-62  24 JUNERAL DIRECTOR'S SIGNATURE		IV DE	TAR 256, REGISTRAR'S SIGNATURE



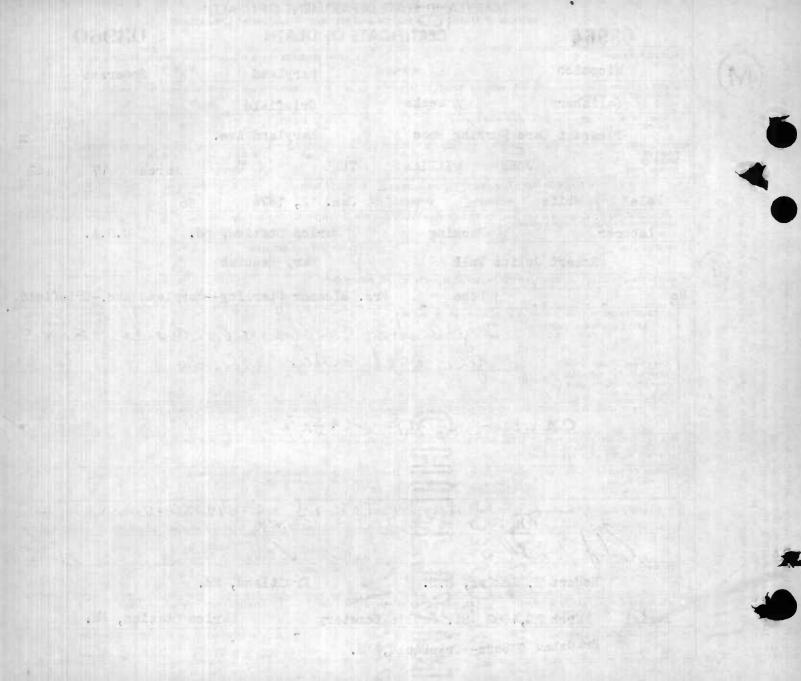
PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY SUSSEX WICOMICO MARYLAND DELAWARE b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) writa RURAL end giva neerest town) J. STREET ADDRESS SALISBURY
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) X . IS RESIDENCE ON A FARM? JENERAL YES NO L ON 3. NAME OF DECEASED OF (Type or print) DEATH WARD 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even it retired MERCHANI 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give we ror dates of service) COLIZ ABETH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Dremia IMMEDIATE CAUSE (e) DUF TO Chronic and aute Pyelonephotio Ome year Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying abscess with miliary abscesses PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION YES NO T 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING \_ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, (Stete) Month, Day, Year 20f. (City or town) (County) fectory, street, office bidg., etc.) While Not While Hour a.m. et work at work 21. | certify that (I) (this hospital) attended the deceased from 3 March 1962, to 15 March 1962 that (I) (wo) last 1962, and that death occured at A.M. from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d, ZOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY EMOVAL (Specify) 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATE MAR 2 0 '62



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 03964

03960

1. PLACE OF DEATH a. COUNTY Wi	comico	MARYLAND	a. STATE	NCE (Where deceaseryland	ed lived. If institut b. COUNT		befare admission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, nearest town)	write c. LENGTH OF STAY IN 1b 4 weeks		WN (If outside corp	porote limits, write	RURAL ond give	nearest town)
OP INISTITUTION	TTAL (If not in hospital, give easant Care		d. STREET AD	cyland Ave			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOH]	N WILLIAM	TULL	4. DATE OF DEATI			7 1962
s. sex		MARRIED NEVER MARRIED X	8. DATE OF BIRTH  Jan. 12	, 1876	9. AGE (In years last birthday)	Months Do	YEAR IF UNDER 24 HRS. Bys Hours Min.
10o. USUAL OCCUPAT during most of wo	orking life, even if retired)	10b. KIND OF BUSINESS OR INDI	Mario	a Station		U.S.	A .
13. FATHER'S NAME	Robert Julia	us Tull	14. MOTHER'S A	ry Reddis	h		
1S. WAS DECEASED EN	YER IN U. S. ARMED FORCE:	cal	informant s. Eleanor	r Sterlin		dress .nd Ave.	-Crisfield
	EATH [Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).] Deglineatin	card	ioros as	las des	elen	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to cause (a), statin lying cause los	immediate (b) DUE TO (c)	general jed					(a) 19. WAS AUTOPSY
ICATIO	carce	nona of	prosta	te			PERFORMED? YES NO P
	VAS UNDERLYING ☐ 20 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURR	RED. (Enter noture of	injury in Port I ar Po	art II of item 18.)		
Y 20c. TIME OF INJU	10		PLACE OF INJURY (He factory, street, affice		ity or tawn)	(Cou	unty) (State)
21. I certify the	nat (I) (this hospital) ( Red glive on Ma	attended the deceased from	feb 23				Lithat (I) ( <del>we)</del> -last date stated above.
22c. PHYSICIAN'S	lf71011	Ls	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED MAR 20 6
NAME (Type)	Robert T. A	dkins, M.D.		ruitland,	Md.		
23a. BURIAL, CREMAT REMOVAL (Specifical	ON, 23b. DATE THEREOF	962 St. Paul's			ATION (City, town,		(Stote)
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS Sons—Crisfield,	Ma	DATE MAR 2 8		SISTRAR'S SIGN	



15M 7/6L

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03965 CERTIFICATE OF DEATH

1. PLACE OF DEATH	1) 2. USUAL RESIDENCE (Where decaasad lived, If institution, Residence before admission)
e. COUNTY Wicomico MARYLAND	a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give neerest town)	V
Salisbury	Shad Point
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	ON A FARM?
R.D.# 1 (Allen Road)	R.D.# 1 Salisbury, Maryland YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
	ASHBURN DEATH MARCH 7th 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18	1. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED J	an. 30, 1898   64 yrs.   Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	
Laborer (Employed at Ship Yard)	Shad Point Maryland II S A
13. FATHER'S NAME	Shad Point, Maryland USA
Charles D. Washburn	Mamie M. Fields
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT S. Alda E. Townsend (Sister) R.D.# 1
	S. Alda E. Townsend (Sister) R.D.# 1 Salisbury, Maryland
18. CAUSE OF DEATH [Enter only one cause por Me for (a), (b), end (c).]	INTÉRVAL BETWEEN
PART I. DEATH WAS CAUSED BY: OLOMORY	Thrombosis Onser and Death
DUE TO	
gave rise to immediate cause	
(a), stating the underlying DUE TO	
cause last. (c)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
O FACE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT INC	PERFORMED?
Y	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH STREET, NOTIFY MEDICAL EXAMINER)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEAT	). (Enter neture of injury in Part I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
Hour e.m. N/A 19 Whife Not While at work at work	N/A N/A
	death occured at
22e. SIGNATURE	22b. DATE
K I sould be and the	ATTENDING MED. STAFF PHYS.   March 8 /1962
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. B. Frank Giganti	Medical Center-Salisbury, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Mar. 10, 1962 Shad Point	: Cemetery JR.D.# Salisbury, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MARY	TAND DATE MAR 1 2 '62 Common S. Time

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	DIVISION OF STATISTICAL	RESEARCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
1	03966	CERTIFICA Items 0 & 9	Film G309 3	123/62 iwk	962
M	PLACE OF DEATH			Where deceesed lived, If institu	tion, Residence before edmission
XX.	Wicomico	MARYLAND	MARULAN	Where deceesed lived, If institute b. COUNTY 5	OMERSET
	b. CITY OR TOWN (if outside corporate timits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporete limits, write RUR,	AL and give neerest town)
	SALISBURY		FAIRM	DUNT	19X'2
2	d. NAME OF HOSPITAL OR INSTITUTION (H	not in hospitel, give street eddress)	d. STREET ADDRESS	.1	e. IS RESIDENCE
	ENINSULA GENE	RAL HOSPITAL	Kur		YES NO
	NAME OF First	Middle	Last 4.	DATE Month OF	Day Yeer
	(Type or print) CARALE	<u>H</u>	WATERS	9. AGE (In yeers   IF UN	DER 1 YEAR   IF UNDER 24 HRS
		MARKED   NEVER MARKED	. DATE OF BIRTH	last birthdey) Mon	
	2-MALE COORED	10b. KIND OF BUSINESS OR INDUSTR	LO/12/1896	State, or foreign country)   12	2. CITIZEN OF WHAT COUNTR
	one during most of working life, even if relired)		Tark as all	+ m1	115
	B. FATHER'S NAME	JEHICOU	14. MOTHER'S MAIDEN NAM	AE (1	majora (11.)
$\Gamma$	EMERI O. LIVAL	Ers	MArthA	WAShing	1611
	. WAS DECEASED EVER IN U.S. ARMED FORCE		NFORMANT	Address	
	(es, no, or unkown) (Ifyes give wer or detes of serv	146-18-7678	trinian Wi	ALETS	
	18. CAUSE OF DEATH [Enter only one ca		1 1	,	INTERVAL BÉTWEEN ONSETJAND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Chrome Py	lonedunte	P	centenaus
	200 X DUE TO	4			10
	Conditions, if eny, which (b)	Hallets.	Melletus		
	(e), steting the underlying DUE TO				
^	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(e)   19. WAS AUTOPS
U	PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?
	200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert	or Pert II of item 18.)	1
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Dey, Yeer		CE OF INJURY (Home, ferm, )	20f. (City or town)	(County) (Stete)
	Hour e.m. 19	While Not While tech	ory, show, office oray, ore.,		
	21. I certify that (I) (this hospita				
	saw the deceased alive on		death occured at 11.27	A, from the causes and	on the date stated above
	22a. SIGNATURE	ann' (	ATTENDING MED.	STAFF	22b. DATE SIGN
	22c. PHYSICIAN'S	ales i fr. "	.D. PHYS. DIRECT	TOR PHYS.	
1	NAME (Type)		ZZG. ADDRESS		
	38. BURIAL, CREMATION, 236. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY 2	3d LOCATION (City, town or	county) (State)
	BUILD MINISTER	962 CELEMINIAL	1	-Airmount	ma
D	FUNERAL DIRECTOR'S SIGNATURE	1 ADDRESS 177	25a, REC'D I	BY REGISTRAR 256, REGISTR	AR'S SIGNATURE
Br	Tolkery le Ware	rufull III	DATE MAR	21 '62 arthu	1 S. Kraus
		1/			

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATI	E
HEALTH DEL	1.
Cessal or. Pa Heal	
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is necessary to functal director. Page retained for your files. In the State Board of Health files death.	
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execution in long pansit and in	
DICAL EXAMINER: This certificate should be executed within 24 hours a least, if any one certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and if the funeravarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may retained IRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B agent, prior to burial, cremation, or removel, and in any event within 72 fours effer death.	
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UTY XEDICAL EXAMINER: This certificate should be executed within 24 hours a leath, if any is necessary as execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and the funder director. Page Medical Examiner's Office along with form PM3. Page 5 may estained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removel, and in any event within 72 fours efter death.	人
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VS. A15ME	1

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# MARYLAND STATE DEPARTMENT OF HEALTH Pixiston of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03963

1. PLACE OF DEATH		CE (Where dacaesed lived, If institution: Residence before admission)						
	a. COUNTY Wicomico - Maryland			Maryland b. COUNTY Wicomico				
b. CITY OR TOWN (if outside write RURAL end give ne	corporata limits,	c. LENGTH OF STAY IN 16		(If outside corporate limits, writ	ta RURAL and give nearest town)			
Salisbury		15 Years	/2 Salisbur	y				
d. NAME OF HOSPITAL OR I	NSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS		. IS RESIDENCE			
409 Camden Ave 409 Camden Ave.					ON A FARM? YES NO			
3. NAME OF DECEASED	First	Middla	Last	4. DATE Mont	h Day Yeer			
(Typa or print)	Lvis	tw11	White	DEATH 3	27 1962			
S. SEX   6. COL	OR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.			
	Mite   WIDOWE	DIVORCED [	July 23, 18	83 Part birthday) 78 yrs.	Months Days Hours Min.			
10a. USUAL OCCUPATION (Give done during most of working life	a kind of work 10b. K	IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Housewife		n Home	Marylan	d	U. S. A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
William Alfre	ed Tull		Stella	Tull				
15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown)   (Ifyasgiva		SOCIAL SECURITY NO. 17.	INFORMANT	Addres	S			
No		14-32-7079 M:	iller White.	Salisbury, Ma	ryland			
18. CAUSE OF DEATH				^	I INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)					9 SET AND PRATH			
1 30.0	DUE TO O A O O O O							
Conditions if any which	(1alia - Vilala Vi I lenat I la							
	gave rise to Immadiata causa							
(a), stating the underlying DUE TO								
causa last.	J (c)	TRIBUTE TO BELTIL BUT 110	- DOL . TER TO THE TOUR		9			
PART II. OTHER SIGNIFI	CANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
3					YES NO			
PART II. OTHER SIGNIFI  2Da. EXTERNAL CAUSE WA PRIMARY OF CONTRIBUT OF CAUSE OF DEATH.	ING   206. DESCR	BE HOW INJURY OCCURED. (	Entar nature of injury in Pa	rt I or Part II of itam 18.)				
20c. TIME OF INJURY M Hour a.m.	While at wor	Not Whila fact	ory, street, office bldg., at		(County) (Steta)			
Print.		aips described above, he	ld an Autopsy	Inspection M. Inqui	ry and in my opinion			
death resulted from:	Natural causes	Accident . Suic		, Undetermined n				
dealif resulted from:	Halurai Causes	Accident [], Suic			namer			
1	0		CHIEF MEDICAL					
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER								
EXAMINER'S NAME (Type)	VI L. V	Rober		city, town, or county)	3-28-62			
22a, BURIAL, CREMATION, 22b	DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, fowr	n, or country) (Stata)			
REMOVAL (Spacify)								
Burial 3/	29/62	Parsons Cemete		Salisbury, Ma				
23. FUNERAL DIRECTOR	The Price	ADDKESS						
Hill & Johnson	Co. Salisbu	ry, Maryland	DATE	AR 3 0 '62   a	nthun S. Kraus			

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ompletely filled in by the funeral propers. Pages 1 and 2 should fin 72 hours after death: in 24 hours after FUNERAL DIRECTOR: After this certificate has been signed by the attending physician screeds, page 3 should be defached for use as the burial-transit permit. Then please remove cost filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every OR ATTENDING PHYSICIAN: The law requires that the death certii

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

0.3963 03964

	1. PLACE OF DEATH	2. USUA	2. USUAL RESIDENCE (Whare decaasad livad, If Institution: Rasidence bafora edmission)			
1	a. COUNTY Wicomico	MARYLAND a. STA	Maryland b	. COUNTY Wicomico		
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	IGTH OF STAY IN 16 c. CITY	OR TOWN (If outside corporate limit	its, writa RURAL and give naarast town)		
	Salisbury	X	Fruitland (Mod	ore's Corner)		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giv	ra straat address) d. STRI	ET ADDRESS	a. IS RESIDENCE		
	Pen Gen. Hospital		Box# 275	YES NO		
	3. NAME OF First DECEASED	Middle La	4. DATE	Month Day Year		
		RDNER WILLEY	DEATH MA	ARCH 7th 19 62		
H	5. SEX 6. COLOR OR RACE 7. MARRIED X NE	EVER MARRIED   8. DATE OF B	IRTH 9. AGE (III	n years IF UNDER 1 YEAR IF UNDER 24 HRS.		
	Male   White   WIDOWED	DIVORCED NOV. 30		yrs. 3 Hours Min.		
	10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retired)	BUSINESS OR INDUSTRY   11. BIRTH	PLACE (County & State, or foraign c	ountry) 12. CITIZEN OF WHAT COUNTRY?		
		Station Eder	, Maryland	USA		
	13. FATHER'S NAME		R'S MAIDEN NAME			
	Samuel Q. Willey	Emma	Washburn			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yas, no, or unkown) ((Ifyas givawaror datas of sarvica)	SECURITY NO. 17 INFORMAN	mice B Willer	(Wife)P.O.B.#275		
	No	Fri	itland Marylan	nd		
	18. CAUSE OF DEATH (Enter only one cause par line for (a	i), (b), and (c).]	A	INTERVAL BETWEEN ONSET AND DEATH		
	PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	nhouse I live	a henchices	ONSET AND DEATH		
	581.0 DUETO 46	1				
	Conditions, if any, which (b) Hem	- lake has	esophaseal	varios 3 days.		
	gava risa to immediata causa	out age gan	- signafion	Carris		
	(a), stating the underlying DUE TO					
	(6)	NG TO DEATH BUT NOT BELATED T	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)) 19 WAS AUTOPSY		
2	PART II. OTHER STOCKE CONSTITUTE OF THE PART II.	TO TO BEATTI BOT NOT KEENTED T	O THE TERMINAL DISEASE CONDING	PERFORMED?		
	200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HO	OW INTURY OCCUPED 15-1	of injury in Part I or Part II of itam 1	YES NO		
	OR CONTRIBUTING CAUSE OF DEATH  OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	JW INJURY OCCURED, (Emar natur	of injury in Part I of Part II of Itam I	0.)		
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY C While Not at work			(County) (Stata)		
я	Hour a.m.  p.m.  N/A 19  Whila Not at work at at	While NA	ice stag., atc.)	N7A		
	21. I certify that (I) (this hospital) attended the	e deceased from	19 to	19 that (I) (we) last		
	saw the deceased alive on		7 - 7 ~ 7			
	22a, SIGNATURE	/		22b. DATE		
	William H. Alla	M.D. ATTENI	DING MED. STAF			
	22c. PHYSICIAN'S	79.	DDRESS	72701		
	NAME (Type) r. William H. Fish	er Jr. Medi	cal Center -	Salisbury, Maryland		
		NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION (	City, town or county) (State)		
	Burial Mar. 9, 1962 All	en Church Ceme	etery Allen.	Maryland		
		ADDRESS	25a. REC'D BY REGISTRAR 2			
	HOLLOWAY & COMPANY SALIS	BURY, MARYLAND	DATEMAR 1 2 '62	athung & House		
L				S. THAMA		

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) b. COUNTY Wicomico a. COUNTY Page I director. Page or your files. oard of Health, Wicomico Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Salisbury .v d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE for ON A FARM? to the funeral Westover Drive 00 Westover Drive YES NO State 4. DATE 3. NAME OF Middle Month Day Year DECEASED OF DEATH 3-20-62 (Typa or print) Williams Charles 19 may be 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH last birthday) Months Hours Min. WIDOWED DIVORCED N About ge 5 n and 2 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Siete or foreign country) done during most of working life, even il retired) Chicken farming Virginia in pencil in Item 18. Give Pages Office along with form PM3. Pa Laborer pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amanda Williams Unknown 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yas, no, or unkown) | (If yes give war or dates of service) serah Moryk Auffoc PUTY MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), Office along burial-transit .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden Coronary occlusion and IMMEDIATE CAUSE (e) DUF TO Arterio-sclerotic cardio-vascular disesse Conditions, if eny, which (b) geve rise to Immediate cause "pending" ro Examiner's DUE TO (e), steting the underlying 98 pesn cremation, PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(\*) 19. WAS AUTOPSY PERFORMED? 8 execute the certificate, writing the word NO TO Medical plnods 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | burial. CAUSE OF DEATH. Chief AEDICAL 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) forwarded to the Chi L DIRECTOR: Page factory, street, office bldg., etc.) While Not While et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Undetermined manner Suicide Homicide death resulted from: Matural causes W Accident CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURI DEPUTY MEDICAL EXAMINER TY Royer NAME (Type) Address (Street, city, town, or county) 9989 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, (Stete) REMOVAL (Specify) ₽40 County 19 South Hampton Cour Hampton VS. AISME Cirilmon S. Thank SM 9/60

LAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. 03966 03970 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY Wicomico b. COUNTY Wicomico Maryland files. Health, MARYLAND b. CITY OR TOWN III outside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Tyaskin (Rural) Tvaskin d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS R.D.# 1 White Haven R.D.# 1 White Haven 3. NAME OF DECEASED ROSA WILLING DEATH MARCH (Type or print) 2.2 md 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Female White WIDOWED TO DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Accomac, County, Virginia House Work at Home None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME No Record No Record 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Wr.W.W.Willing(Son)R.D.# 1 White Haven 16. SOCIAL SECURITY NO. No Tyaskin, Maryland 18. CAUSE OF DEATH [Enter only one couse per line of (o), (b), and (c).] PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause DUE TO (o), stating the underlying PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

NOT 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) Rural Wicomico Md. of work of work 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X Inquiry X and in my opinion death resulted fram: Natural causes 📆, Accident 🗍, Suicide 🧻, Hamicide 🗍, Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE Dr. Earl L. Royer ASSISTANT MEDICAL EXAMINER

HOLLOWAY & COMPANY

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

NAME (Type) 407 Camden Ave. Salisbury. Md

Mar. 25/1962

SALISBURY, MARYLAND DAMAR 2 7 '62

Parsons Cemetery

22c. NAME OF CEMETERY

ADDRESS

240. REC'D BY REGISTRAR

DEPUTY MEDICAL EXAMINER

24b. REGISTRAR'S SIGNATURE allen S. Thous

Salisbury, Maryland

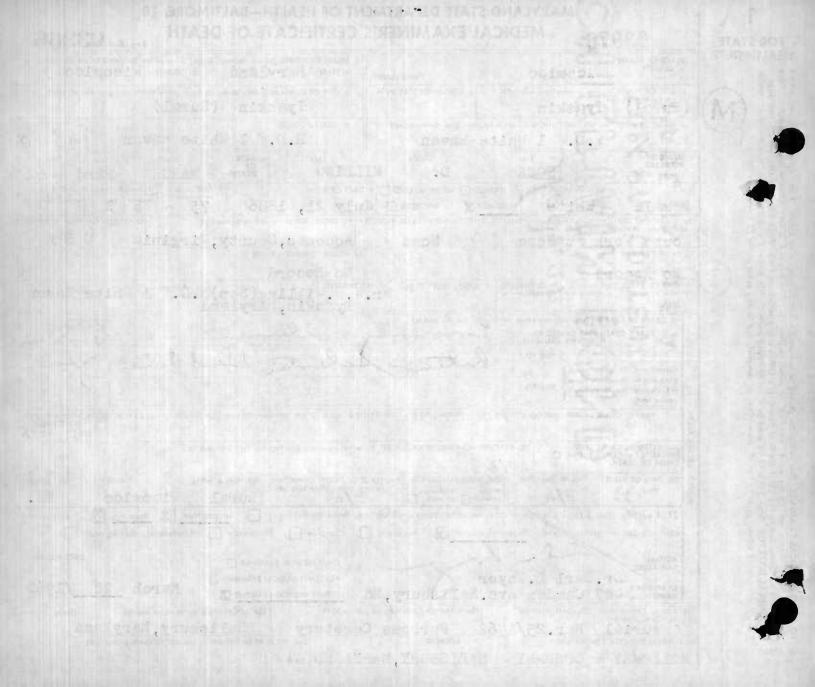
22d. LOCATION (City, town, or county)

March 22

e. IS RESIDENCE ON A FARM?

PERFORMED?

YES NO TE



FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician at the property filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after desta thin 24 hours after The law requires that the death certificate be

ATTENDING PHYSICIAN:

OR

A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0396 03967

		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)					
1		Wi comi co Maryland	a. STATE Maryland b. COUNTY Cecil	:1				
1	) -	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)	-				
7		write RURAL and give nearest town)						
		Salisbury 3Mos., 11 Day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	s Rising Sun Ruya L 01X d. STREET ADDRESS	ICE I				
			ON A FAR	ON A FARM?				
	2	Deer's Head State Hospital	YES NO.					
e	3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF					
		(Type or print) Harris James	Willis   DEATH March 24 19 62	2				
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR  Last birthday)   Months   Days   Hours   Min	-				
		Male Negro WIDOWED DIVORCED	WWCM -Cr2-1899 67 475. Months Days Hours Min					
		. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR)	Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNT	RY?				
	00	ne during most of working life, even if retired   Sauls. Mill	Essex County, Virginia U.S.A.					
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-				
1		77. 77. 77.	Lucy Pratt					
	15.	Henry Willis Was deceased ever in U.S. Armed Forces?   16, Social Security No.   17, 11	NFORMANT Address					
	(Ye	s, no, Ar unkown) (Ifyesgive war or dates of service)						
			spital Records Salisbury, Maryland	_				
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
		PART I. DEATH WAS CAUSED BY: Gangrene of Low	ver extremities 4 mo.					
		456X DUE TO Endarteritis						
н			?					
		Conditions, if any, which gave risa to immediate cause						
		(e), stering the underlying						
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
	10		PERFORMED					
-	1CA	Lobular pneumoc						
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING _   206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING _ CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)					
		(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL		CE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State) pry, street, office bldg., etc.)					
	MED	p.m. 19 at work at work						
		21. I certify that (I) (this hospital) attended the deceased from	12/13/61 , 19 , to 3/24/62 , 19 , that (I) (we) I	ast				
			death occured at					
		22e. SIGNATURE	20P. Ma 22b. DAT					
		11. 1110 00111 011	ATTENDING MED: STAFF					
		22c. PHYSICIAN'S	22d. ADDRESS	2				
1		NAME (Type) V. Juerman, M.D.		30				
			Deer's Head State Hospital - Salisbury OR CREMATORY 123d, LOCATION (City, town or county) (State),	=				
	23e	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	0 0 0					
			our l'em. l'onowingo Md.	•				
	24	FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
1	1	emon E. M. Multon Mising	44 Mg, DATE MAR 27 '62 Cirthur S. Kraus					
	-							

MACHINERISTRA GLAN en, but the the the state of the state of The second that you say the second William war and the state of th Consent 775 Thele- 11.51 mg Sandy I was a new

impletely filled in by the funeral papers. Pages 1 and 2 should 72 hours after death. nin 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carb be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, w

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03968

a. COUNTY Wicomico  a. STATE Maryland  b. COUNTY Wicomico	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)						
MATAL MATAL							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)						
Salisbury 257 days Salisbury							
Deer's nead State Hospital 101/ E. Shurch Street	NO A						
3. NAME OF First Middle Last 4. DATE Month Dey Yes							
	62						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   If UNDER 1 YEAR   IF UNDER 1 YEAR							
WILL WILL WILL WHOWED NOV, 25, 1871 90 yrs.	Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT	OUNTRY?						
Weaving Maryland U. S. A.							
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
Asbury Smith Laura Hillman							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address							
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) 218-10-8679A Mrs. Arianna W. Blizzard, Baltimore, Md.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	WEEN						
PART I. DEATH WAS CAUSED BY: Coronary thrombosis 24 hou	DEATH						
DUE TO							
Conditions, if eny, which \ (b) Arteriosclerotic cardiovascular disease Years							
gave rise to immediate cause							
(a), stating the underlying Cause last.							
(c)							
Carcinoma of left breast with metastasis							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED? YES NO  20e. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) CO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	(-4-4-1)						
20c. TIME OF INJURY Month, Day, Yeer Hour e.m. While at work at work at work	(State)						
21. I certify that (I) (this hospital) attended the deceased from July 11 , 1961, to Mar. 25 , 19.62 that (I) (we) last							
saw the deceased alive onMarch. 2519.62, and that death occured at							
22e. SIGNATURE 229	. DATE						
ATTENDING MED CTAFF	ATTENDING MED. STAFF						
22c. PHYSICIAN'S 22d. ADDRESS	-						
NAME (Type) L. V. Maldve, M. D. Deer's Head Hospital; Salisbury, M.							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Specify)	late)						
Burial 3/28/1962 Parsons Cemetery Salisbury, Maryland							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
Hill & Johnson Co., Salisbury, Maryland DATE MAD 2 9 '62 Civil & Thomas							

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4	Š	U.	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo pers. Pag	file
N.	Page may be retained by the hospital or attending physician.	3	3	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 72 hours
9	VR	Al	5	(4)
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

0396 03969

						VU		
1. PLACE OF DEAT	H		2. USUAL RESIDEN	ICE (Where decease		Residence l	before edmission	
Wicomico County MARYLAND		o. STATE Maryland Wicomico						
b. CITY OR TOWN	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)					
Salis	bury	286 days	10	isbury				
d. NAME OF HOSPI	ITAL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADDRESS				. IS RESIDENCE	
	s Head State Hos	pital	924 S.	Division S	St.		ON A FARM?	
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey	Year	
(Type or print)	Isaac	Henry	WYATT	DEATH	March	26,	19 62	
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 18	. DATE OF BIRTH	9. AG	(In years   IF UNDER		UNDER 24 HRS.	
Male	White WIDOWE		an.24,1868	last 9L	birthday) Months 2	Deys H	lours Min.	
done during most of we	TION (Give kind of work orking life, even if retired)	IND OF BUSINESS OR INDUSTR				ITIZEN OF W	HAT COUNTRY	
Sheet Met	al Work		Oriole	Maryland		US	A	
13. FATHER'S NAME			Oriole,	NAME		0 0	41	
W47740	- M M							
I5. WAS DECEASED EV	T Wyatt	SOCIAL SECURITY NO.   17. 1	Alexine	Hubbard	Addison	-		
(Yes, no, or unkown) (	If yes give wer or dates of service)	Mr	Alexine NEORMANT Isaac H.W	yatt(Dec	eased)			
18. CAUSE OF I	DEATH Enter only one cause per	line for (a), (b), and (c).]					AL BETWEEN	
	TH WAS CAUSED BY:	teriosclerotic	cardiovascu	Jar disea	86		AND DEATH	
1411	MUNICIPALE CAOSE (e)	00110001010010	Car arovaboa	Lai Gibca	30	- y	rs	
1079	DUE TO							
Conditions, if any	(0)							
gave rise to immed (a), stating the u	DUE TO							
ceuse lest.	(c)							
PART II. OTHE	R SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PA	RT 1(a)   19.	WAS AUTOPSY	
ž						YES	PERFORMED?	
200 ACCIDENT W	AS UNDERLYING THE 2DE DES	CRIRE HOW INTURY OCCUPED	(Enter nature of injury in	Part Lor Part II of ite	m 19 \	1123	☐ 140 ME	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A								
20c. TIME OF INJU			CE OF INJURY (Home, far		wn) (Co	ounty)	(State)	
Hour a.m.	While		ory, street, office bldg., etc	c.)				
Print.	.,		Tuno 12	67 Man	nah 06	49 .		
	that (I) (this hospital) atten-	/ / / -		,				
saw the decea	sed alive on March 26	19.62, and that	death occured at	M, from the	causes and on	the date		
220. SIGNATURE	1 4 4	.0 1	ATTENDING 0:	20 P.M. ST	AFF		22b. DATE	
	10 000	cury "	Di Di Contra		YS. K		3/27/62	
22c. PHYSICIANS		-	22d. ADDRESS	er's Head	State Hos	nital		
NAME (Type	Lee L. Lawry,	M. D.	Sa	lisbury, 1	M.	hrear		
3- BURIAL CREMAT	TON, 23b. DATE THEREOF	23c. NAME OF CEMETERY			(City, town or cour	ntv)	(Stete)	
REMOVAL (Specify)								
Buria.		Wicomico Mer		k Sali	sbury, Ma	ryla	nd	
4 FUNERAL DIRECTO		ADDRESS		C'D BY REGISTRAR				
HOLLOWAY	& COMPANY SA	ALISBURY, MARY	YTAND DATE	PR 2 '62	arthur a	8. Though		

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